
Theses, Dissertations, and Projects

2013

Drawing autism : the parental perceptions of the impact art therapy has on communication patterns and the parent-child relationship

Alessandra C. Giampaolo

Follow this and additional works at: <https://scholarworks.smith.edu/theses>



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Giampaolo, Alessandra C., "Drawing autism : the parental perceptions of the impact art therapy has on communication patterns and the parent-child relationship" (2013). Masters Thesis, Smith College, Northampton, MA.

<https://scholarworks.smith.edu/theses/574>

This Masters Thesis has been accepted for inclusion in Theses, Dissertations, and Projects by an authorized administrator of Smith ScholarWorks. For more information, please contact scholarworks@smith.edu.

Alessandra Giampaolo
Drawing Autism:
Parental Perceptions
of the Impact Art Therapy
has on Communication Patterns
and the Parent-Child Relationship

ABSTRACT

This qualitative study examined the parental perceptions of the impact art therapy has on communication patterns and the quality of relationship between a parent and his/her child with autism. The research question that guided this study was, “Can art therapy help strengthen the relationship between a parent and his/her child with autism?” This investigation utilized both convenience and snowball sampling. The study's findings are based on semi-structured interviews, conducted via phone or video chat, with five parents who have children diagnosed with Autism Spectrum Disorder, and whose children have been treated with art therapy.

The findings confirmed that art therapy does in fact strengthen the parent-child relationship. All parents spoke to the fact that art therapy helped them communicate effectively with their child and enabled them to learn more about their child. As the communication developed, parents spoke about the positive effect this had on their relationship. The findings also indicated that art therapy helps children with autism strengthen their social skills and think more abstractly to grasp difficult to understand concepts. Implications for practice, policy, and research are discussed.

**DRAWING AUTISM:
PARENTAL PERCEPTIONS OF THE IMPACT ART THERAPY HAS ON
COMMUNICATION PATTERNS AND THE
PARENT-CHILD RELATIONSHIP**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Alessandra Giampaolo
Smith College School for Social Work
Northampton, Massachusetts 01063

2013

ACKNOWLEDGEMENTS

I am lucky to have had many supporters through my journey of completing this thesis. I would like to thank first and foremost my wonderful fiancé, Stratton Braun, for putting up with the countless mood swings and the constant stress I was under, and subsequently put on him, during this process. You stood by me through it all and always conceded when I would say, “I think I’m just really stressed because of my thesis.” Thank you from the bottom of my heart, I couldn’t have done it without you and your love. I can’t wait for the rest of our lives together.

Thank you also to my parents, Joseph and Barbara, and my sister, Jennifer, for always supporting me throughout my life. No matter what curveball I threw at them like, “I’m moving to Thailand in a month,” they always believed in me and knew I would find my way. Your unconditional love and support has driven me to accomplish my dreams.

I also want to thank my beautiful and wonderful friends from Smith. Without you, I would never had made it through one and definitely not three Smith summers. Thank you so much to Marja, Marissa, Brianna, Molly, Alana, Diana, Katie, Nina, and Isabelle. I thank you for being there when I needed it the most and being the amazing people that you are. You all inspire me to be a better person and I am so lucky to have you in my life.

Thank you to my thesis advisor, Christina Papanestor, for always being on top of me and pushing me to be better. This process was a lot less stressful than I imagined because of you.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	ii
TABLE OF CONTENTS.....	iii
CHAPTER	
I INTRODUCTION.....	1
II LITERATURE REVIEW.....	7
III METHODOLOGY.....	29
IV FINDINGS.....	39
V DISCUSSION.....	52
REFERENCES.....	66
APPENDICES	
Appendix A: Human Subjects Review Approval Letter.....	76
Appendix B: LinkedIn Recruitment Post.....	77
Appendix C: Facebook Recruitment Post.....	78
Appendix D: E-mail to Art Therapists.....	79
Appendix E: Support Groups Post.....	80
Appendix F: Letter of Agreement.....	81
Appendix G: Letter to Potential Participants.....	82
Appendix H: Screening Questions.....	83
Appendix I: Preliminary Questions.....	84
Appendix J: Interview Questions.....	85
Appendix K: Mental Health Resource List.....	86
Appendix L: Informed Consent Form.....	87

CHAPTER I

Introduction

Autism Spectrum Disorder (ASD), commonly known as autism, is a complex disorder of brain development that is characterized by varying degrees of difficulties in social interaction, verbal and nonverbal communication, and disruptions in cognition. According to the National Institute of Mental Health (2011), autism is a group of developmental brain disorders, which collectively become labeled as Autism Spectrum Disorder. Autism is sometimes referred to as a Pervasive Developmental Disorder (PDD) and includes: (1) Autistic Disorder; (2) Asperger's Disorder; (3) Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS); (4) Rett's Disorder; and (5) Childhood Disintegrative Disorder (CDD). Autism also can cause intellectual disability, physical health issues, and difficulties in motor coordination and attention. The term "spectrum" refers to the wide range of symptoms, levels of impairment or disability, and impairment of skills exhibited in children with ASD (National Institute of Mental Health, 2011). Autism statistics state that 1 in 88 American children fall on the autism spectrum, which is an increase by tenfold from 40 years ago, and that autism affects over 2 million individuals in the United States and tens of millions of people worldwide (Autism Speaks, 2012). ASD is the fastest growing developmental disability in the United States. According to Autism Speaks (2012) more children will be diagnosed with autism in one year than with diabetes, AIDS, and cancer combined.

In this study, participants were parents of children diagnosed with either Autistic Disorder or PDD-NOS. Criteria for the other disorders listed above (including Asperger's Disorder, Rett's Disorder, or Childhood Disintegrative Disorder [CDD]) is not listed because this study's participants' children did not have that diagnosis. The diagnostic criteria for Autistic Disorder in the DSM-IV-TR (American Psychiatric Association, 2000) include: qualitative impairments in social interaction, qualitative impairments in communication, and restricted repetitive and stereotyped patterns of behavior, interests, and activities. The impairments in social interaction can be manifested as: (1) marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction; (2) failure to develop peer relationships appropriate to developmental level; (3) a lack of spontaneous seeking to share enjoyment, interests or achievements with other people; and (4) lack of social or emotional reciprocity.

The impairments in communication can be manifested as a delay in, or total lack of, the development of spoken language, marked impairment in the ability to initiate or sustain a conversation with others (in the individuals with adequate speech), stereotyped and repetitive use of language or idiosyncratic language, and a lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level (American Psychiatric Association, 2000).

The category of PDD-NOS is used when there is a severe and pervasive impairment in the development of reciprocal social interaction associated with impairment in either verbal or nonverbal communication skills or with the presence of stereotyped behaviors, activities, or interests. PDD-NOS is used when criteria is not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder.

This category includes atypical autism, which means that the presentation does not meet the criteria for Autistic Disorder because of a late age onset, atypical symptomology, or subthreshold symptomology, or all of these (American Psychiatric Association, 2000).

As a result of the aforementioned social difficulties, children with autism and PDD-NOS inevitably suffer from profound social isolation. Kanner (1943) describes a sense of “extreme autistic aloneness” (p. 242), which manifests itself when a child seems to disregard, ignore, or shut out anything that presents itself to him/her from the outside. Anything that threatens to disrupt this aloneness is either treated as a distressing interference or as if it was not there. This disruption in affective contact with others (Rutgers, Bakermans-Kranenburg, van IJzendoorn, & van Berckalaer-Onnes, 2004) effects relationship building and developing a bond between parent and child. Because of this disruption, it is imperative that we find unique ways to strengthen this integral relationship.

A diagnosis of autism can be overwhelming because of these socially disruptive symptoms. In an attempt to alleviate some of the symptoms, treatment options vary. Some commonly used treatments include: Applied Behavior Analysis (ABA), dietary interventions such as a gluten-free diet, pharmacological treatments, and various therapies such as speech, occupational, and physical. (Southwest Autism Research & Resource Center, 2012). ABA is a scientific method for identifying problem behaviors and choosing specific interventions in order to improve this socially inappropriate behavior. ABA’s sole purpose is to help the child function in school and as they enter into adolescence and adulthood in society (Coates & Swiezy, 2011). Pharmacological treatments aim to alleviate symptoms of autism through modifying key neurodevelopmental processes in young children with autism (Bethea & Sikich, 2007).

Both ABA and pharmacological treatments are advantageous in help children with autism in their day-to-day life, but they do not target the development of communication, social skills or more importantly, meaningful connection between the child and others. Speech therapy focuses on teaching children with autism a communication system that they can use in every-day life. This may consist of sign language or picture exchange programs when verbal communication is not an option. Speech therapy may give the child a way to communicate needs and wants, but it does not give he/she the ability to communicate thoughts, desires, or the way the he/she views the world. However, art therapy is a unique intervention in that it helps children with autism to communicate these vital pieces of their lives.

According to the bidirectional model of child socialization (Bell, 1968), both parents and children have the power to exert influence over one another in the relationship building process (Beurkens, 2010). Because a parent-child relationship has this bidirectional component (Lollis & Kuczynski, 1997), it follows that when one side has severe impairment, it can cause impairment in the relationship as a whole. Although children with autism suffer from a multitude of impairments, it is their drive to relate and seek interactions that needs to be stimulated and developed first. Art therapy can remedy this lack of motivation by providing a common ground from which the parent and the child can relate beyond verbal communication (Osborne, 2003).

Communication seems to be a building block of a strong relationship between parent and child and becomes an obstacle when it is missing. Children need both verbal and nonverbal ways of communicating (Buschel & Madsen, 2006; Gaensbauer, 1995). When one of these methods of communicating is lacking, which verbal communication often is in children with autism, it puts more pressure on the other. To address this lack of communication, turning to non-verbal exercises, such as drawing, coloring, or painting can provide a completely different

way for a child to express his/her feelings and emotions. This shared experience in a project or craft, and nonverbal communication when verbal communication is extremely difficult has the ability to enhance the bonding between parent and child. Thus, it can strengthen their relationship-building skills with each other. It has been found that a child's ability to use nonverbal expression while making art improves his/her socialization skills (Emery, 2004). Without a "forced," shared experience, like art therapy, a child with autism typically would not voluntarily seek out social interactions. This would result in the child rarely developing significant relationships.

This study sought to explore parental perceptions of the effect art therapy can have on communication patterns and the relationship between a parent and his/her child with autism. The research question was: Can art therapy help strengthen the relationship between a parent and his/her child with autism? This question was explored through individual interviews with parents, who had joined their children during the child's participation in art therapy.

For this study, relationship was defined as the parent's perception of closeness, understanding, and ability to communicate between him/her and his/her child. Art therapy was defined as the use of art (painting, drawing, sculpture, photography, etc.) in a therapeutic environment by a trained art therapist. Autism was defined as all Autism Spectrum Disorders discussed above including PDD-NOS. The purposes of this study were to: (1) explore parental perceptions of the effect art therapy has had on the relationship between a parent and his/her child with autism and (2) explore parental perceptions of the effect art therapy has had on the ability to communicate between a parent and his/her child with autism.

As autism diagnoses are on the rise, it is imperative to continuously search for other therapies that can help bridge the gap between children with autism and their families. This

study's research question is relevant to social work practice because it will inform clinicians who are interested in improving their practice with a broader understanding of children with autism. It can help these clinicians identify effective tools to use with this population. It can also inform state and federal policy development on what services are available to families affected by autism. Additionally, it is hoped that the findings from this study can help social work clinicians work more effectively with this population.

I will now provide a review of the literature that serves a basis for this study. Then, I will discuss the study's methodology and report the study's findings. I will conclude with a discussion that compares this study's findings to the literature, identifies the study's limitations, highlights the implications for social work practice, and makes recommendations for future research.

CHAPTER II

Literature Review

In order to build a solid foundation for this study, literature regarding the following areas will be presented and evaluated: (1) two applicable theories explaining the difficulties that children with autism demonstrate in relationships; (2) the nature of attachment, attachment styles, and attachment characteristics in children with autism; (3) dynamics between parents and their children with autism; (4) how parents and children with autism relate to one another; (5) art therapy as an intervention; and (6) how art therapy can be used as an intervention for children with the autism spectrum disorder (ASD). Both the theory of mind (Frith & Happé, 1994; Travis & Sigman, 1998; Baron-Cohen, 2001) and the theory of weak central coherence (Frith, 1989; Frith & Happé, 1994; Happé, 1997; Happé & Frith, 2006) help to explain children with autism's difficulties with social engagement and communication. Furthermore, these two theories are essential to understanding why art therapy interventions, in particular, can be instrumental to relationship building for children with autism. Following the presentation of literature, I will conclude by outlining this study's significance to social work.

As mentioned in the previous chapter, autism has three main identifying criteria, and numerous symptoms. According to the DSM-IV-TR (American Psychiatric Association, 2000), children with autism have impairments in social interaction, which can manifest in difficulties with eye contact and other nonverbal ways of social communication. These impairments can result in both a lack of motivation for shared enjoyment or interests, and lack of emotional and/or

social reciprocity. These children also have struggles with communication. This can be seen when a child with autism has a delay or lack of development in spoken language or is unable to initiate or sustain a conversation with another.

Additionally, communication for children with ASD can also be challenging because of their struggles with repetitive use of language. This often results in an inability to engage in social imitative play. Alongside repetitive language, children with autism also demonstrate repetitive behavioral patterns, manifested as preoccupations with one or more stereotyped patterns of interest. These distinct behavioral patterns are characterized by an abnormal level of intense focus, unorthodox and nonfunctional rituals or routines, or repetitive motor manners (American Psychiatric Association, 2000).

As a result of these symptoms, parents of children with autism tend to have impediments in the relationship building process because of their children's difficulties in social engagement and communication mentioned above (Rutgers, Bakermans-Kranenburg, van IJzendoorn, & van Berckalaer-Onnes, 2004). Although children with autism do in fact show secure attachment patterns, the parent-child relationship is often strained because of the child's impairments in social interaction. These impairments include: the child's lack of motivation for relating, an inability to understand another person's thoughts and feelings, or mentalization, and difficulty with joint attention. Interventions for this population aim to alleviate these symptoms of autism in order to help these children form meaningful relationships. Throughout this literature review, autism, Autism Spectrum Disorder, and ASD will be used interchangeably.

By first presenting two foundational theories of cognition and relating them to the difficulties children with autism have with relationships, this literature review will explore how art therapy can provide a meaningful medium of communication between parent and child. This

chapter will also explore how it is particularly useful in helping children with autism construct and communicate their reality through drawing and art exercises. When an affected child is able to do this, he/she further develops communication abilities that allow his/her parent to better understand his/her child's view of the world. In turn, the child's ability to form and strengthen relationships increases. I will begin with introducing the two cognitive theories: theory of weak central coherence and the theory of mind.

Cognitive Theories

As mentioned above, the theory of weak central coherence and the theory of mind can be used together in order to better understand why children with ASD have profound challenges in relating to others and, most importantly, to their parents. Both theories provide a basis as to why art therapy, specifically, has the potential to provide a non-verbal breakthrough in the interactions between parent and child by stimulating the senses and refocusing the emotions, and by finding a common ground upon which to strengthen this foundational relationship.

Theory of weak central coherence. One theory that attempts to explain difficulties that children with autism have is the theory that these children have a weak central coherence. Based on her belief that children with autism's assets and deficits come from a single cause at the cognitive level, Frith (1989) proposed that autism could be explained "by a specific imbalance in integration of information at different levels." Frith (1989) went on to describe that a characteristic of processing in those without autism is "the tendency to draw together diverse information to construct higher-level meaning in context," (Frith & Happé, 1994, p. 121), which she called "central coherence" (Frith & Happé, 1994; Happé, 1997; Rutgers, 2004; Happé & Frith, 2006).

An example of central coherence in a “normal” mind is the ability to see the whole picture, not just something composed of a lot of little details and parts, which is how children with autism process the world. Senju (2012) depicted an illustrated example of the importance of being able to see the whole picture:

Imagine the following situation. You happened to come home earlier than usual. You were very hungry and remembered that your partner keeps her (or his) precious chocolate in the cupboard, which she only eats after an unusually hard day’s work as a special treat. You know how important the chocolate is to her, but you were so hungry that you took the whole box out of the cupboard and ate about half of it. When she suddenly arrived home, you just had time to put the box under the coffee table before she came into the living room. She then said, “I’ve had a really hectic day—I’m exhausted! I think I deserve some chocolate tonight.” What would you do?

Most of you would predict that she would go to the cupboard (so you have to do something quickly before she opens it). At the same time, you may not realize what complex and sophisticated reasoning you have just made to generate this prediction, as it would have occurred to you naturally and effortlessly. The reasoning you have just made could be broken down into understanding that she will open the cupboard because 1) she wants the chocolate and 2) she believes that it is still in the cupboard because 3) she does not know that you have moved it. Such reasoning is called the theory of mind. It involves inferring others’ behavior based on their mental states, which are opaque and impossible to observe directly. (p. 108)

This example has characteristics of challenges in theory of mind abilities, understanding another person’s thoughts and emotions (i.e. the partner has had a hard day and thus needs the

special chocolate she only has on a hard day). It is also an example of weak central coherence, the taking into account one's own actions in relation to other factors in the situation (i.e. the person in the example has eaten the chocolate that the partner wants and needs to process all aspects of the situation to understand that the chocolate will not be there for her when she seeks it). Children who have autism often do not have this ability to make inferences and would not be able to process and integrate the situation described above as a whole. Frith (1989) believes that the core deficits in autism are caused by this "failure to integrate local details into a global entity" (as cited in Burnette, Mundy, Meyer, Sutton, Vaughan, & Charak, 2005, p. 64).

The idea of central coherence can be viewed as a continuum. It is said that the ability to pay attention to a whole versus its parts may also vary in the normal population. Therefore, children with autism can be viewed as being at the extreme end of a normal continuum or having weak central coherence (Happé, 1997). This explanation also attempts to explain the way children with autism see the world as a "cognitive style rather than straightforward deficit" (Frith & Happé, 1994, p. 127). The word "deficit" assumes that a child with autism is missing something and he/she is subsequently "less than" a normal developing child. It also assumes that he/she is inferior to the children who are "normal." Attributing the difficulties children with autism have to a cognitive style, implies that they do not have a deficient mind, but just a "different" mind (Happé, 1999, p. 217). This idea of changing "deficient" to "different" also attempts to lessen a negative stereotype that is often given to children with autism. Viewing these children as simply "different" encourages social work practice to find a different way of communicating with them instead of trying to replace something that is missing.

Despite their difficulties with integrating information, children with ASD often have incredible sensory and perceptual abilities despite their shortcomings in other areas. For

example, they might be able to identify a vacuum cleaner based on the sound it makes or recognize foreign speech distinctions while most non-native speakers cannot (Happé & Frith, 2006). People with autism who have these exceptional abilities are said to have “savant syndrome” (Tammet, 2006, p. 1). One person with this savant syndrome was able to see numbers as having personalities (Tammet, 2006):

Numbers are my friends, and they are always around me. Each one is unique and has its own personality. The number 11 is friendly and 5 is loud, whereas 4 is both shy and quiet- it’s my favorite number, perhaps because it reminds me of myself. Some are big – 23, 667, 1179 – while others are small; 6, 13, 581. Some are beautiful, like 333, and some are ugly, like 289. To me every number is special. (p. 2)

This person uses this ability to be able to compute and calculate large numbers and is sometimes referred to as a “lightning calculator” (Tammet, 2006, p. 3). Frith (1989) acknowledged that the theory of mind was able to account for the social and cognitive deficits in children with autism, but felt it did not account for their occasional savant capabilities. As a result, Frith believed that the theory of mind, outlined next, did not sufficiently explain the causes of autism and needed to be used in addition to the theory of weak central coherence.

Theory of mind. The theory of mind supplements the aforementioned theory by providing a detailed explanation of the effects mentalizing and joint attention can have on a child with autism’s ability to form relationships. Children with ASD are said to lack “theory of mind,” (Senju, 2012; Epp, 2008; Travis & Sigman, 1998, p. 65) which researchers call “mind-blindness” (Frith & Happé, 1994, p. 116). Theory of mind is “essential for human social interaction and communication” (Senju, 2012). It is a person’s ability to: (1) understand one’s own mind; (2) recognize that others are able to represent the world mentally (Travis & Sigman, 1998); and (3)

experience a full range of mental states (beliefs, desires, imagination, emotions, intentions, etc.) (Baron-Cohen, 2001).

Mentalizing. Typically, a child with autism is unable to understand that other people have their own thoughts, ideas, and ways of thinking that might be different from his/her own. This is also known as mentalizing (White, Hill, Happé & Frith, 2009). As theory of mind and mentalizing are beginning to be used interchangeably it is imperative to gain a deeper understanding in this concept. Fonagy (2008) defines mentalization “as a form of mostly preconscious imaginative mental activity, namely, interpreting human behavior in terms of intentional mental states (e.g., needs, desires, feelings, beliefs, goals, purposes, and reasons)” (p. 4). This ability to understand the thoughts and feelings of another being is essential to the development of relationships.

Impairments in mentalization abilities cause the child to have difficulty understanding the attitudes, emotions, and actions of others and thus have difficulty connecting emotionally and having empathy with others (Epp, 2008). This “mind blindness” also causes social, communicative (White, Hill, Happé & Frith, 2009), and pragmatic knowledge (Losh, Martin, Klusek, Hogan-Brown, & Sideris, 2012) impairments. Pragmatic knowledge and pragmatic language skills such as politeness, adapting communication style based on addressees, and conversational practices are essential to developing relationships and are aspects of “theory of mind” which children with autism lack (Losh et al., 2012).

These difficulties in social communication affect the child’s ability to create meaningful relationships with others. More specifically, aspects of social information processing demand this ability to integrate information (Burnette, Mundy, Meyer, Sutton, Vaughan, & Charak, 2005), such as a child’s ability to process faces (Kaufman & Kaufman, 1983 as cited in Burnette

et al., 2005), and form the ability to “mentalize” or represent and understand mental states of others (Happé & Frith, 2006, p. 117). Hermelin and O’Connor (1970), found that children with autism actually prefer to be with other people, but that the process of shared attention with another, often the parent, requires this process of mentalizing (Happé & Frith, 2006).

The ability to mentalize and consider another person’s thoughts and feelings is essential to joint attention. It is this shared attention that becomes the building block for relationships. However, children with autism demonstrate a marked difficulty with joint attention, and this trait is seen as one of the key symptoms of autism (Carpenter, Pennington, & Rogers, 2002; Naber, Swinkels, Buitelaar, Dietz, van Daalen, Bakermans-Kranenburg, van IJsendoorn, & van Engeland, 2007).

Joint attention. Joint attention often refers to ‘eye contact’ (Travis & Sigman, 1998), ‘gaze following,’ ‘mutual gazing,’ ‘joint visual attention,’ and ‘pointing behavior’ (Naber et al., 2007). Researchers have said that joint attention is a critical antecedent to developing an understanding of another person (Travis & Sigman, 1998) and to creating and developing social relationships. When the mechanisms involved with sharing affect are disrupted, which Frith (1989) attributes to the weak central coherence within the child, the child with autism is less motivated to engage in joint attention (as cited in Hobson, 1993; Mundy, 1995 as cited in Travis & Sigman, 1998, p. 66). This lack of desire for joint attention is what makes the attachment and relationship so difficult to establish between a parent and a child with autism.

Although some research has shown it is solely the deficits in theory of mind that predict social competency (Foley, 2011), the theory of weak central coherence can be used in addition to the theory of mind to best describe why it is difficult for children with autism to form relationships. Both are important theories to keep in mind while working with these children and

their parents. Because of these difficulties, parents are eager to find treatments that strengthen their bond and relationship with their child (Green and Luce, 1996 as cited in Emery, 2004). Some of these treatments were outlined in the Introduction (applied behavior analysis, pharmacological treatments, and speech, occupational, and/or physical therapies). Another treatment, art therapy, will be explored following the below section on attachment and its importance to the parent-child relationship.

Because of the difficulties children and infants with autism have with social interaction, it follows that the attention they direct towards their mothers is decreased. (Sigman, Dijamco, Gratier, & Rozga, 2004; Naber et al., 2007). Therefore, it is paramount to consider in more detail the development of attachment patterns for this population. Naber et al. (2007) focus on mothers because “young infants’ interactions are mainly with their mothers” (p. 900), which seems to be biased against other primary caregivers that might not be female. Attachment development in infancy can be affected by these shortcomings and the literature often refers to caregivers and mothers as the primary attachment figures. It also works inversely as children with autism who have developed a secure attachment style showed more reciprocal interactions with their caregivers (Naber et al., 2007). Attachment and joint attention can simultaneously influence each other and impact the parent-child relationship. Next, I will detail the various attachment styles and their manifestation in the young child.

Attachment

From the viewpoint of children with autism having a weak central coherence and lack theory of mind, it follows that this “mental development affects the construction of the internal working model of the attachment relationship” (Rutgers, Bakermans-Kranenburg, van IJzendoorn, & van Berckalaer-Onnes, 2004, p. 1132) and may account for social abnormalities

(Frith & Happé, 1994; Rajendran & Mitchell, 2007). In order to explore ways of strengthening the relationship between parent and child, it is necessary to study the nature of attachment, the types of attachment, and how a child's attachment style can impact his/her ability to form meaningful relationships, especially with his/her caregiver.

A parent's first experience with his/her child is through the attachment relationship, which can be defined as "the affectional bond or tie that infants form between themselves and their mother figure" (Rutgers et al., 2004, p. 1123; Ainsworth, Blehar, Waters, & Wall, S. (1978). Fonagy (2008) states "attachment ensures the brain processes that come to subserve social cognition are appropriately organized and prepared to equip the individual for the collaborative and cooperative existence with others for which the brain was designed" (p. 5). Because attachment is so imperative to social relationships, it is key to develop a foundation in attachment formation and styles.

The concept of attachment was first explored and explained by John Bowlby (1969) and Mary Ainsworth (1978). Bowlby (1969) hypothesized that human beings, along with other complex organisms, have an attachment system. This attachment system keeps the infant in close proximity to his/her caregiver and dictates from whom the child seeks comfort and shelter from in times of danger (Shilkret & Shilkret, 2008). This inborn system in the brain, established in the first year of life, influences and organizes a child's motivational, emotional and memory processes. The attachment system has four main functions: (1) providing a sense of security, (2) promoting the expression of feelings and communication, (3) regulating affect and arousal, and (4) serving as a base for exploration (Davies, 2011). Throughout their research, Bowlby (1969) and Ainsworth (1978) found that the security of an infant's attachment depended on the mother's attunement to his/her needs (Shilkret & Shilkret, 2008). This attunement provides the infant with

strategies for self-soothing. It results in proper self-regulation, which can help the child feel competent in controlling negative emotions and distress (Davies, 2011).

Attachment styles. In order to determine various attachment styles, Ainsworth developed a procedure named the Strange Situation (Ainsworth, 1978), which aimed to determine the various attachment styles. Based on her findings, it was concluded that the most important indicator of the quality of attachment behavior was the infant's reactions to a separation from his/her mother, and the mother's responsiveness and sensitivity upon return (Davies, 2011). Using this experiment, Ainsworth found that there were four distinct attachment styles: secure, insecure avoidant, insecure ambivalent/resistant, and disorganized.

Ainsworth labeled infants who would cry when the mother left and would use his mother to calm down when she returned as having a secure attachment style (Shilkret & Shilkret, 2008). Children who show this attachment style have more confidence in exploring their environment, tend to form good attachment relationships in the future, have fewer behavior problems, show less negative affect, tend to get along with other children well and show a capacity for empathy (Davies, 2011).

Conversely, infants with an insecure-avoidant style would not protest when the mother left and did not respond to her immediately when she returned (Shilkret & Shilkret, 2008). As they grow up, these children tend to focus their attention away from the parent and pursue action and exploration rigidly. They have been found to have higher levels of hostility and unprovoked aggression resulting in more negative reactions with other children. Children with the insecure-avoidant attachment style also have difficulty communicating their needs and expressing distress (Davies, 2011).

The third attachment style is insecure-ambivalent/resistant attachment. Ainsworth found that these infants were “upset when their mothers left and seemed to welcome their return, but did not calm down readily and they often resisted their mother’s attempts to calm them down” (Shilkret & Shilkret, 2008, p. 194). This showed that the infant had a strong need for the attachment but lacked confidence in the caretaker’s availability. In later development, children with this attachment style have difficulties in autonomous behavior. This lack of independence seeking behavior is manifested as these infants become preoccupied with attachment instead of exploring their own interests, show a lack of assertiveness in school, and have poor peer interaction skills resulting in possible social withdrawal (Davies, 2011).

The fourth and final attachment style is disorganized attachment. These infants had less organized reactions to attachment and showed contradictory behavior when reunited with their mother after separation. The infant might appear happy when greeting the mother, but instantly look the other way and become motionless. Additionally the infant might be simultaneously smiling and gazing fearful at the parent. These infants tend to be in a constant state of arousal, which contributes to an internal sense of disorder. Children categorized with disorganized attachment patterns have higher rates of aggression towards peers at school and controlling behavior towards parents. They may also have a low self-confidence and a tendency to struggle with academic abilities.

The attachment style in infancy manifests itself throughout childhood and into adulthood, thus demonstrating the importance of the early stages of development and the parent’s relationship with the child. Ainsworth focused on mothers as the primary caretaker in the Strange Situation experiment and as families are changing, mothers are no longer always the primary caretakers. Attachment styles could manifest themselves with fathers, adoptive parents,

or foster parents differently. Ainsworth's four styles could also vary between an Asian culture or a child raised with European customs. Culture also could play a large role in the development of the attachment relationship as different cultures have varying traditions of infant caretaking. Because Ainsworth did not include children with clinically diagnosed autism in her initial studies, it is questionable if these children would be able to display a specific attachment style.

In the DSM-III (APA, 1980), autism was described as a failure to develop normal attachment behavior. Later in the DSM-III-R (APA, 1987), it was stated that attachment behavior might be bizarre and that children with autism may have no or abnormal comfort-seeking behavior in times of distress (Rutgers et al., 2004). It is difficult to categorize children with autism with the same attachment styles as children in general because they have slower developmental patterns and have difficulties in expression and communication. For example, children with autism may have a unique way of demonstrating attachment. They may have communication patterns with their caregivers that may differ from those of normally developing children. This would require a new system of assigning attachment styles to children with autism.

Bowlby (1969) and Ainsworth (1978) believed that attachment is the basis of relationship building between a parent and a child. As children with autism struggle with seeking relationships and social interaction, it follows that parents would worry about their ability to form healthy attachments. This supposed lack in ability to attach would subsequently affect the child's ability to form any relationships at all, and more specifically, the parent-child relationship. Next, I will explore the nature of the relationship between a parent and his/her child with autism.

The Parent-Child Relationship

Despite the previously mentioned and concerning claims that children with autism lack the ability to attach to their caregivers, children with autism do, in fact, display attachment behavior (Sigman et al., 2004; Rutgers et al., 2004; Rutgers, van IJzendoorn, Bakermans-Kranenburg, Swinkels, van Daailen, Dietz, Naber, Buitelaar, & van Engeland, 2007; Seskin, Feliciano, Tippy, Yedloutschnig, Sossin & Yasik, 2010; van IJzendoorn, Rutgers, Bakermans-Kranenburg, van Daalen, Dietz, Buitelaar, Swinkels, Naber, & van Engeland, 2007). Rutgers et al. (2004) found that 53% of all children with autism showed characteristics of attachment security although they were less often securely attached. This led to the conclusion that parents are less likely to establish secure attachment with their child with autism because of the “severity of the impairment in reciprocal social interaction of their child” (Rutgers et al., 2004, p. 1131).

The ability to attach is related to the child’s desire for social interaction with his/her primary caretaker. This is difficult for children with autism because they rarely seek social interaction (Osborne, 2003). The parent-child relationship also reflects a less flexible, sensitive, and synchronous interactive environment, which seems to be a result of this social impairment (Rutgers et al., 2007). This less flexible reaction between parent and child might also be the result from the child’s inability to be flexible and adaptive. Solomon, Ono, Timmer & Goodlin-Jones (2008) found that parent-child interaction therapy between a parent and his/her child with autism improved the child’s ability to share, shift between activities without problems, try new things, and to adjust to new situations and people. Parent-child interaction therapy also increased both the parent’s positive affect and the child’s positive affect towards each other (Solomon et al., 2008). Although these findings seem significant, it was unclear whether or not the

researchers used art therapy interventions, which might increase communication and create a more flexible environment.

Bell's bidirectional model of child socialization (1968) posits that a parent and a child both have the power to exert influence over one another in the relationship building process (Beurkens, 2010). As a result, an impairment in the relationship as a whole can be caused when one side has this severe social impairment (Lollis & Kuczynski, 1997), Beurkens (2010) wrote:

When a child has symptoms that negatively impact the ability to engage in fluid interactions with parents, the result is less emotional attunement between parent and child, less motivation to engage in and respond to interactive experiences, and poorer quality parent-child interactions and relationships overall (p. 7).

This severe impairment can be attributed to the child with autism's lack of motivation to relate (Emery, 2004). Although children with autism suffer from a multitude of impairments in "communication systems, fluency, literacy, skills of expression, reciprocity of conversation, and listening skills" (Osborne, 2003, p. 419), it is their drive to relate and seek interactions that needs to be stimulated and developed first.

Art therapy can remedy this lack of motivation by providing a common ground in which the parent and the child can relate beyond verbal communication (Osborne, 2003). Beurkens (2010) found that the severity of a child's autism would negatively impact certain elements of their interactions, but not the overall relationship between parent and child. Thus, it would be beneficial to increase the positive interactions between parent and child through art therapy exercises. Now, I will discuss art therapy as a treatment modality and illuminate its ability to allow participants to communicate nonverbally.

Art Therapy

Art therapy is the “marriage between two disciplines: art and psychology” (Malchiodi, 2007, p. 3). It is a dynamic therapy that asks the participant to contribute to his/her own therapy and to explore his/her own experience, feelings, and perceptions. The images created in art therapy come completely from the inner world of the participant and provide a means of “symbolic communication” (Malchiodi, 2007, p. 6). This symbolic communication can nurture the development of more direct communication (Betts, 2005). Art gives children, in particular, an opportunity to express their feelings nonverbally through their natural language (Buschel & Madsen, 2006). All people “designate and characterize the world with visual description; we think in images, often using them to represent thoughts and feelings” (Malchiodi, 2007, p. 9). Most people are able to attempt verbal communication to describe these images imbedded in the mind. Art therapy speaks to individuals through alternatives to verbal communication (McClellan, 1999; Betts, 2005). Children with autism need this alternative when verbal communication fails them.

It is well established that children need both verbal and nonverbal ways of communicating (Buschel & Madsen, 2006; Gaensbauer, 1995). Since verbal communications is often lacking in children with autism, a non-verbal exercise such as drawing, coloring, or painting provides a completely different way for a child to express his/her feelings and emotions. Art therapy, which often introduces a variety of mediums of expression to a child, also refocuses a parent’s attention. This shared experience in a project or craft has the ability to enhance the bonding between parent and child. This shared experience strengthens their relationship-building skills with each other. Without a “forced,” shared experience, a child with autism

typically would not voluntarily seek out. This would result in the child rarely developing significant relationships.

One opportunity for a parent and child to complete a task together is through art therapy. Although the focus can be on the art exercise, this joint attention on a task can result in a forced connection between the parent and child as they work together. Research has found that as art therapy progresses the child with autism will eventually allow for joint interactions (Ullmann, 2011). This connection will hopefully help strengthen the parent-child relationship while possibly decreasing the child's difficulties in joint attention.

In order to give evidential support for the healing capabilities of art therapy, Slayton, D'Archer and Kaplan (2010) conducted a review of outcome studies that isolated art therapy as the sole treatment modality to measure the efficacy of art therapy. They identified both qualitative studies and quantitative studies that treated a wide variety of populations including adults with learning and developmental disorders and mothers with depression that affected their parenting. There was no specification of autism in the study with learning or developmental disabilities so it is unknown if autism was included in the studies on developmental disabilities. In a study with a painting group of mothers and toddlers, Hosea (2006) found that "*containment* provided by the therapist, *emotional expression* as allowed by the quality of the art medium (paint) and the *physical proximity* required by the activity (the closeness of painting together) . . . literally and emotionally connected the dyads" (as cited in Slayton, D'Archer and Kaplan, 2010, p. 109).

Slayton, D'Archer and Kaplan's (2010) review found that all 35 studies analyzed found varying degrees of support that art therapy can improve behavior functioning, increase self esteem, inspire engagement with others, and significantly decrease anxiety and depression

(Reynolds, Nabors, & Quinlan, 2000; Slayton, D'Archer and Kaplan, 2010) and can reflect a child's development, object constancy, and the ordering of his or her internal world (Robbins, 1994, as cited in Emery, 2004). Emery (2004) also found that art therapy was beneficial to a child with autism in that it helped him develop a sense of self. This sense of self is a "cornerstone of relating" (Emery, 2004, p. 147) and is imperative to developing meaningful relationships. Art therapy is effective and clinically proven intervention for autism (Banks, Davis, Howard, & McLaughlin, 1993; Betts, 2005; Martin, 2009; Ullman, 2011) and can be a useful intervention for strengthening the parent-child relationship in children with autism.

Art Therapy as an Intervention for Autism

As previously mentioned, there are many treatment interventions for autism. However, amongst those treatment options, art therapy is not often at the forefront of these treatment options because it is usually viewed as a complementary treatment (Martin, 2009). Although art therapy has been found to benefit children with autism (Emery, 2004; Betts, 2005; Epp, 2008; Martin, 2008; Martin, 2009), it is not considered an evidence-based treatment in the field of autism therapies. Additionally, art therapy often competes with the time and finances of the family as children with autism often are in therapy more than 20 hours a week (Martin, 2009). This makes it very difficult for families of low socioeconomic status to receive services. This may mean that participants in many of the studies are families that are able to afford art therapy and thus, the literature does not encompass all socioeconomic status. Martin (2009) also posits that a further obstacle for art therapists from "achieving a significant role in the treatment of individuals with autism" (p. 187) is that many "therapists regularly use art therapy-like projects into their sessions" (p. 187). This does not seem like an obstacle, but a universal acceptance that art therapy is beneficial for utilizing nonverbal communication.

Despite these possible limitations, and its lesser-known value, art therapy provides an alternative mode of communication when verbal communication is challenging and a way to relate and understand another through pictures of his/her world rather than words. Children with autism are often visual, concrete thinkers and art therapy can offer them a way to learn to be less concrete and literal in self-expression (Epp, 2008). When working with autism, art therapists often focus on increasing communication skills, developing a sense of self, facilitating sensory integration, and relationship building (Betts, 2005; Ullman, 2011). Through the use of art therapy, a clinician can assess a child's relationship to important people through drawings (Emery, 2004). In an "autism tool kit" developed by the Autism Society of American and the American Art Therapy Association (2012), Martin stated:

Imagine being chronically over-stimulated, with inadequate communication tools, difficulty focusing, and anxiety -- this is the world of a person with autism. Art therapy provides real relief; a visual tool for communication, a window to the imagination, and a motivation to make connections. (p. 1)

Art therapy's ability to help the child make meaningful connections with others, a parent in particular, is the focus of this study. It has been found that the child's ability to use nonverbal expression while making art encourages him or her to "begin to represent their experiences" (Emery, 2004, p. 147) and improve their socialization skills (Emery, 2004). This nonverbal communication between the parent and child especially when verbal communication is extremely difficult has the power to possibly strengthen the parent-child relationship.

Art can provide relief to children with autism because verbal communication can often be frustrating and overwhelming. It also becomes a tool for them to make sense of their environment (Martin, 2008). "Making an image" in art therapy "provides the child with a sense

of mastery, autonomy, visual pleasure, and a link to the world at large” (Martin, 2008, p. 16). Dessauer (Autism Society of American and the American Art Therapy Association, 2012) further discussed the role art therapy can play in developing a child with autism’s when she stated:

The creative process of art making allows for a child to move into the psychosocial stage of industry vs. inferiority. During this period, a child with ASD can use the creative process to enhance competency and mastery, allowing for positive development of their self-esteem and relationship skills.” (p. 3)

Wheeler states that phototherapy, a type of art therapy, is “especially useful with people with ASD because it seems to be concrete while enabling emotional engagement...and we know that arts based therapies, especially phototherapy, enable the development of ‘theory of mind’ in people with ASD, as well as in development of basic social & educational skills (M. Wheeler, personal communication, June 21, 2012).

Emery (2004) further explored the impact art therapy could have on a child’s relationship skills. She found that initially her 6-year-old client, who was the focus of the article, could not draw pictures in response to a prompt. When the therapist asked for a picture of a person, the child would write his or her name. His drawing developed into the ability to draw fragmented bodies and when he was finally able to draw a connected body, the therapist found that the child’s behavior at home and at school improved. Additionally, his ability to hold and initiate eye contact was strengthened. The art therapy could possibly be the sole reason for these improvements, but Emery (2004) did not mention if the child was participating in other therapies such as speech therapy or applied behavior analysis, which could also account for these positive changes.

Although Emery (2004) did not mention the impact the art therapy had on the parent-child relationship, she did discuss the development of the therapeutic relationship. As the child progressed through therapy, he began to make things for the therapist, which shows the child's wish for interpersonal contact (Emery, 2004). This idea that art therapy has the ability to strengthen a child with autism's social skills and motivation for relationships posits that it could have the ability to strengthen the relationship between parent and child.

Despite their communication and social difficulties, children with autism do have the ability to show attachment behaviors and form relationships. Giving them the ability to use nonverbal communication through art therapy can possibly strengthen their chances to create a meaningful relationship with their parent(s). Because there is limited research on the positive effect art therapy can have as an intervention for autism, it is essential to continue research in this area.

Relevance to Social Work Practice

Autism is clearly a rising topic where research is not only beneficial to millions of people; it is also necessary to social work practice. This study will be accessible to all clinicians, whether they are social workers, psychologists, or art therapists, who are interested in learning about different modalities for autism treatment. The findings from this study can help social work clinicians work more effectively with this population by informing their interventions and inspiring future program development and policy formation. This study can also inform current policies regarding autism services provided by the state and federal government.

Conclusion

As stated earlier, treatment for symptoms of autism are numerous. This literature review has shown that although studies have shown that children with autism do in fact demonstrate

attachment behavior, the relationships between a parent and his/her child with autism can be quite strained due to these debilitating symptoms. Children with autism are said to lack of theory of mind and have weak central coherence, which leave them with symptoms such as low motivation for social interaction, difficulty with joint attention, and an impaired ability to understand the thoughts and feelings of another being (impairments in theory of mind). Because relationships require a bidirectional component where both entities need to participate in the relationship in order for it to be developed, children with autism have a difficulty forming and strengthening relationships with others, most importantly their parents.

This literature review has discussed art therapy as a form of treatment that can help develop a child's theory of mind by using nonverbal communication. This nonverbal communication enables the parent-child dyad to communicate in a unique way. It forces the dyad to participate in a single activity, thereby encouraging joint attention development. Art therapy-based activities have the ability to strengthen the relationship between a parent and his/her child with autism. Next, I will present this study's research design including its recruitment strategies, data collection methods, interview questions, definition of key terms, and data analysis approaches.

CHAPTER III

Methodology

The purposes of this study were to: (1) explore parental perceptions of the effect art therapy has had on the relationship between a parent and his/her child with autism and (2) explore parental perceptions of the effect art therapy has had on the ability to communication between a parent and his/her child with autism. An extensive search of the literature addressing the application of art therapy to individuals with autism revealed a dearth of studies on art therapy's ability to strengthen the parent-child relationship. In order to address this gap, I conducted a qualitative and exploratory study in which I collected both qualitative (interview questions) and quantitative (screening and demographic questions) data. I interviewed parents of children (aged 4-12), whose children have been diagnosed with autism, and who have engaged in art therapy with their children as a mode of treatment. In order to not limit my potential participant pool, parents whose children began art therapy between the ages of 4 and 12, but whose children are now older, were also eligible to participate after meeting other inclusion criteria (see below).

The parent-interview design has been used by others when researching what parents value about their current treatments for their children with autism (Mackintosh, Goin-Kochel, & Myers, 2012) and how having a child with autism has affected the lives of the parents (Myers, Mackintosh, & Goin-Kochel, 2009). Research pertaining to related topics such as parents' difficulties in coping with illnesses in their preschool children (Kai, 1996) and communication

patterns between parents and children about maternal breast cancer (Barnes, Kroll, Burke, Lee, Jones & Stein, 2000) has also used the parent-interview design.

I conducted semi-structured (Rubin & Babbie, 2013) interviews with parents of children with autism. As will be outlined below, I interviewed only one parent of each family, allowing parents to decide which parent participated. I asked open-ended questions to gather narrative data. Participants were asked to describe their relationship with their child, to discuss their perceptions of impact that art therapy may or may not have on the parent-child relationship and on their ability to communicate with their child. This was a qualitative study, where questions and subsequent answers were aimed at investigating the research question of: Can art therapy help strengthen the relationship between a parent and his/her child with autism? My hypothesis was that art therapy can improve the parent-child relationship and the dyad's ability to communicate with one another. This chapter will present the study's methodology, describe the study's sample, outline data collection methods, and discuss data analysis procedures.

Sample

The study's sample was comprised of a subset of the population of parents of children with autism. The population of this specific group of parents was narrowed by the specific inclusion criteria (see below), including that the child and parent had been, or are actively, participating in an art therapy intervention for the child's autism.

All five participants were women and biological mothers. Four participants were Caucasian, and one was Asian, of Chinese descent. Though not present for interviews, demographic data on the participants' children was collected. Four were male and one was female. Three of the children were Caucasian, one was Egyptian-Canadian, and one was Chinese. Three of the children were diagnosed with autism and two were diagnosed with PDD-

Comment [CP1]: Egyptian-American?

NOS. All of the children are now in their late teens (one is 17 years old, two are 18 years old, and two are 20 years old), but had begun art therapy when they were young (two began at age four, two began at age five, and one began at age ten).

Inclusion criteria were: (1) a parent of a child with autism; (2) English-speaking; (3) the child is between the ages of 4 and 12 or the child began art therapy between the ages of 4 and 12; (4) the child is currently using art therapy as an intervention for autism; and (5) the parent has engaged in art therapy with the child. I chose this specific age range because age four is an age when children are developing social skills and the ability to relate to others. Age 12 is an age when children are moving into adolescents and generally moving into peer relationships over family relationships. Exclusion criteria were: (1) does not have a child with autism; (2) non-English speaking; (3) the child is not between the ages of 4 and 12 or did not begin art therapy between the ages of 4 and 12; (4) the child is not currently in art therapy; and (5) the parent has not participated in art therapy with the child.

This study aimed to have 10-12 participants, however, the final sample size was five. In this chapter, I will outline efforts to recruit a greater population pool, and will describe the challenges that emerged, which got in the way of obtaining the required sample number.

Although I attempted to obtain a diverse sample, there were limitations to achieving this. In an attempt to achieve diversity, I posted in online groups (Facebook and LinkedIn) that were diverse in their members. Additionally, I asked the clinicians who informed clients about the study to keep diversity in mind.

Though diversity in the sample was critical for obtaining representative results, it was not achieved for several reasons. First, there was a small sample size, which compromised the ability for the sample to be representative of a diverse array of races, ethnicities, and

socioeconomic groups. Second, the small sample also offered only a narrow representation of children with autism and their experiences with art therapy. Third, the sample likely consisted of parents who might have been more proactive in their child's life than the average parent of a child with autism, which is selection bias. Finally, the sample likely consisted of parents who could afford art therapy or had health insurance that allowed them to access art therapy.

Comment [CP2]: In addition, state that the small n offers only a narrow representation of children with autism, and their experiences with art therapy.

Personal bias was likely involved to some degree due to my interest in the autism field, and having created the interview questions. However, I made sure to remain neutral throughout the interview process and not lead the participants. I also attempted to improve validity and reliability by asking the interviews questions in the same order. Methodological biases were also observed during the process. The therapist who distributed my posting had her own possible bias of mentioning my study to those parents who she thought would be interested in participating. The participating parents may also have had a special interest in spreading the word about art therapy and contributing to art therapy research. Lastly, participants had access to computers.

Comment [CP3]: The therapists who distributed your posting?

I utilized nonprobability sampling types including: convenience and snowball sampling. I did not use random selection because the specificity of the inclusion criteria. Convenience sampling occurred because I belong to Facebook and LinkedIn groups involving Art Therapy whose members had expressed interest in my study. It also included finding support groups for parents of children with autism as well through internet search, which was convenience sampling. Snowball sampling occurred when I located a clinician or parent who had colleagues or friends who might not have belonged to Facebook or LinkedIn groups or might not have otherwise been accessible without the referring therapist. Finding these clinicians then connected me to the parents of their clients.

Comment [CP4]: Break this down into three separate sentence, it is confusing as one.

Initially, I believed that recruitment utilizing these sampling techniques would add to the study's feasibility. However, through my recruitment efforts, I found that a particular inclusion criterion, specifically the parent needing to have participated in the art therapy with the child, greatly limited my potential participants and thus the study's actual feasibility. This will be discussed more in depth in the Discussion Chapter where I will address the study's limitations.

Data Collection Methods

I collected both quantitative data (demographic data included: gender of parent, gender of child, age of child, race/ethnicity of parent, race/ethnicity of child, and child's diagnosis) and qualitative data (responses to interview questions) for this study. Data was collected through individual interviews. In all, five interviews were conducted. After receiving approval by the Human Subjects Review Committee at Smith College School for Social Work (see Appendix A), I began recruiting participants.

To recruit participants, I first used social media platforms (Facebook and LinkedIn) and targeted Google searches using various versions of the search criteria "art therapy and autism." When I was unable to locate enough eligible participants in these ways, I targeted parent support groups and contacted the group leaders listed on the site (see Appendix E). First, I reached out to different social media platforms, including LinkedIn (see Appendix B) and Facebook (see Appendix C), looking for therapists who have used art therapy with children with autism. One social media platform that I used is LinkedIn, on which I am a member of several groups including the "Art Therapy & Autism" group consisting of clinicians who are specifically interested in both art therapy and autism. In addition, I sought out specific Facebook groups and pages focused on art therapy including: "Art Therapy," "Drawing Autism," "Autism Speaks," "The Autism Society of America," and "Autism Awareness." Additionally through both

LinkedIn and Facebook, I reached out to current art therapists who are working with children with autism as well as parents who have children with autism.

On LinkedIn, I located an art therapist in Canada. I emailed her with my introduction letter (see Appendix D) and after she agreed to help recruit, I sent her my recruitment letter for potential participants (see Appendix G) and a letter of agreement (see Appendix F). After I received her signed letter of agreement, I asked her to send (e-mail or mail) the recruitment letter to parents of the children with whom she worked. Included in the introduction letter were instructions for the participant to contact me directly. I obtained five participants from her efforts. Following these responses, and in hopes of securing additional participants, I asked this therapist to send a second email out to her clients, but this did not lead to additional responses.

An additional recruitment effort included networking with two Smith College alumni who were introduced to me by my Faculty Field Advisor. These alumni connected me with art therapists with whom I then scheduled phone calls to discuss my study. These art therapists stated that they would pass on my information to colleagues, however, their colleagues did not work with my study's population. I also contacted the Art Therapy Association in Southern California and New England, but did not receive a response.

Contacts made through my Google search included an art therapy program called "The Miracle Project" in Los Angeles for children with autism. Though I received responses from interested parents, none of the program's group leaders were trained art therapists. My information was then passed on to art therapists associated with the organization, but I did not hear back.

During my recruitment, I encountered challenges in securing a large enough participant pool that met this study's inclusion criteria. My extended efforts to recruit participants included

more targeted outreach via email to individual members of the LinkedIn group “Art Therapy and Autism”, versus simply posting on the site. Though many art therapists responded, they did not include the parents in the art therapy sessions. One of the participants in the group was a parent, who was interested in participating in my study. I received her Informed Consent Form to participate, but was unable to confirm an interview in time for the deadline. Through her, I was referred to her previous art therapist, who after numerous contacts was unresponsive.

In my last efforts, I sought out parent support groups. I found a website called “Cafemom,” which describes itself as a meeting place for moms, and found the section for parents with children diagnosed with autism. I posted in three different forums and the only responses I received were those asking about what art therapy was and how it could help their children. With another Google search to find more parent support groups, I found a list of support groups for families impacted by autism throughout the country. I e-mailed 15-20 of these support groups. I received one reply stating that they would post on their website, but did not hear anything further.

In summary, I believe that the main challenges that emerged during data collection were an inclusion criterion that proved too limiting and the lack of follow-through and responsiveness by potential participants and art therapists.

Comment [CP5]: Summarize the difficulties in recruitment here.

After potential participants contacted me directly (all via e-mail), I conducted a 5-10 minute screening phone call to verify eligibility to participate (see Appendix H). In the event that the parent qualified for the study and decided to participate, I arranged with him/her when the interview would take place and sent him/her the Informed Consent Form (see Appendix L) via e-mail with the attached interview questions (see Appendix J) and list of resources (see Appendix K). The Informed Consent Form detailed the purpose of the study and the nature of

participation, their rights as human subjects, as well as any risks or benefits of participating. During this call, I reviewed the Informed Consent Form and I instructed them to send me a signed Informed Consent Form either via mail or e-mail (scanned into their computer with original signature).

The interviews, which took place between February 1 and April 15, 2013, were conducted by phone or video chat, and in my home to ensure maximum confidentiality. Two of the interviews were conducted by phone and three were conducted through video chat. Because all participants lived in Canada, I was unable to conduct any of the interviews in-person. All interviews, both video chat and over the phone, were recorded with a computer-recording device via the application “Garage Band” and stored on my personal computer. As mentioned previously, the child was not present for the interviews. |

Comment [CP6]: Move this to where you describe your sample

Interviews were 30 to 50 minutes in length. I began by asking the demographic and preliminary questions (see Appendix I), and then I proceeded with the main interview questions (see Appendix J), which focused on asking participants to reflect on his/her relationship and ability to communicate with his/her child. Interviews consisted of both open-ended and close-ended questions. In order to clarify any confusion or ambiguity of any individual’s meaning of relationship, I provided a definition of relationship during the interview. Despite my efforts to maintain that constant definition, there were parents that had a different definition of relationship. At the conclusion of the interview, I reviewed the list of resources I had previously provided. Once the interview was completed, the participant’s obligations were fulfilled, and data collection was complete. Data analysis began after I completed and transcribed all interviews.

Minimal risk from participation was anticipated although this study was not risk-free. Participants discussed their personal, emotional, and relational experiences with their children with autism and it could have possibly elicited some emotional responses. To minimize risks of participation, participants received the list of questions during the initial screening call, prior to the interview.

This study was completely confidential. Any and all identifying information was removed or disguised in the writing of the final thesis. I was the only person to handle and transcribe the interviews. My Research Advisor also saw the data, but only after all identifying information had been removed or disguised. Finally, all interview transcriptions, consent forms, electronic data, and audiotapes from the interviews were kept safely at my home in a locked filing cabinet or a password-protected file on the computer. E-mails were kept in a confidential file on my computer and were seen by only me. I was the only person with access to the e-mail account used for this study. All consent forms and audio files will be kept for three years as stipulated by the Federal Guidelines. Data will be destroyed after this period when it is no longer needed.

Data Analysis

During the data analysis phase, I conducted a content theme analysis that involved looking for patterns and commonalities in the data gathered. Coding corresponded with common themes and categories based on the content of the interviews (Rubin & Babbie, 2013). I explored and analyzed both similarities and differences in data. I grouped the data in relation to each individual interview question and then placed it into categories based on the emerging themes including: communication patterns between parent and child, quality of the parent-child relationship, and art therapy as an intervention for autism. I used block quotes to thoroughly

express these themes. This was the most effective way to compile the various interviews in an organized manner and directly relate the data to my research question.

Now, I will outline my findings and conclude with the Discussion Chapter that will further explore and interpret the findings, address the small sample size and the study's limitations, and discuss recommendations for future research section and social work practice.

CHAPTER IV

Findings

This chapter will present the findings of a qualitative analysis of five interviews of parents who have children diagnosed with autism and who participate in art therapy with them. The children were all in their late teens or early twenties: 17 years old ($n=1$), 18 years old ($n=2$), and 20 years old ($n=2$). Interview questions were designed to gain the parental perceptions of the effect art therapy has had on their relationship and communication patterns with their child.

Several ($n=3$) of the parents described their relationship as close. All parents described their biggest limitation to connecting with their child was communication. Most ($n=4$) described art therapy as an integral component of their communication with their children. Also, most ($n=4$) reported that art therapy helped strengthen their relationship because of their ability to communicate. Several ($n=3$) participants stated that their ability to communicate with their child improved due to the art therapy.

The findings will be presented in the following order: communication patterns between parent and child, the quality of the parent-child relationship, and art therapy as an intervention for autism. I have chosen to discuss the findings based on themes rather than grouping by question as many of the participant's answers overlapped. Analysis of the participant responses revealed three significant themes related to the impact art therapy has had on the communication and relationship between parent and child. The most notable finding was that art therapy did in fact improve communication. Art therapy also proved to have a significant impact on the quality

of the parent-child relationship. Art therapy was also found to be a valuable intervention for autism through its ability to strengthen social skills. I will now outline these findings and provide clarifying quotes from the interviews.

Communication Patterns between Parent and Child

Exploring the communication patterns between the parent and child was a focal point of this study. Before any specific questions were asked about the communication between parent and child, I asked what limitations the parent noticed in her child's ability to connect with her. Jennifer, whose son is now 20 years old and began art therapy when he was four, described an emotional limitation in her child's ability to connect with her, "The affection and all that is the disorder. He treats everything like a business transaction."

However, several ($n=3$) of the participants reported that communication was the biggest limitation. Stephanie, whose son is now 18 years old and began art therapy when he was five, stated, "Definitely, verbal...the art therapy is how he connects, we often use visuals, he requires visuals to clarify his thoughts and perceptions and I similarly use it to clarify mine to him." Angie, whose son is 17 years old and began art therapy when he was 10, added, "It has always been apparent to us that the speed in which he is able to communicate there is a gap between that and I would say what his cognitive abilities are," while Marissa, whose daughter is now 18 years old and began art therapy when she was four, described that her daughter is very limited in her verbal communication and ability to express herself.

Conversely, Katrina, whose son is now 20 years old and began art therapy when he was five, reported that other than his lack of verbal communication, he had no limitations to connecting. Contrary to what the other participants believed, Katrina suggested that this lack of verbal communication was not a strong enough limitation to connecting with her child. Because

these were answers to be expected in this population, I devised questions aimed at exploring the impact art therapy can have on parent-child communication. My first finding was that it led to the development of communication.

Development of communication. Participants were asked two different questions about their communication patterns with their children. First, they were asked how it improved their own communication with their child. Second, they were asked how it improved their child's communication with them. All of the participants emphasized that art therapy improved their communication with their child especially since many of the children struggled with spoken communication. Marissa described how difficult life was without art therapy and the immediate impact it had on her communication with her daughter:

I think that I was lost about how to communicate with her. I was kind of confused about how to reach her before I started art therapy and so its given me a way to understand, understand how she's thinking, understand how she's seeing the world and to communicate with her.

Several parents ($n=3$) felt that they would not have a mode of communication if it were not for art therapy. Stephanie discussed:

I don't really think we would be functioning well otherwise because it sort of again helped flush out some of his comprehension of maybe what I've been saying or when an error in communication occurs, he may have been trying to express what he's thinking about something and just not getting it, so in terms of how its helped our relationship, its profoundly helped because we can communicate, its like a bridge.

Although she felt that art was a “non-threatening way” for her son to get his ideas out, Angie disagreed:

So would I point to art as being the crown jewel? Its hard for me to isolate things, that way, I see it as a dimension, but it is a dimension, its multifactorial sort of thing that has worked well.

Angie described that it wasn't the only tool, but just one of the “dimensions” that added up to make communication better. Katrina also disagreed and felt that art therapy was merely a “back up tool.”

This ability to communicate more effectively with art also seemed to transcend the parent-child relationship. Several ($n=3$) participants had found that their child was able to use the art with other people as well (teachers, aides, etc.). Stephanie stated, “What I've found over the years is everyone who has worked with my guy has...has felt somewhat liberated by a tool that can help you communicate succinctly, help him get his views out and you get your views out.” Participants discussed that art not only helped the communication between the parent and child, but relieved the communication barriers between the child and others, thus relieving stress for the parent.

An inclusion criterion that proved to be a limitation to securing participants was the necessity for parents to participate in the art therapy with their child. However, one participant spoke about one of the advantages to being in the session with the child. Stephanie explained that the experience allows her to use the metaphors and images in everyday life with her son:

I have a bank of metaphors and images in my mind that I refer to daily, otherwise the consequence is sitting down and working out an issue if there is something that he's not understanding or that I want to communicate, I'll think how do we express that, ok, we

can use this particular metaphor, so we will, I will refer to “the bank” that we’ve created during the sessions.

Being able to experience the learning process of the metaphors and images during session helped her successfully utilize them and allowed her to communicate effectively with her son on a daily basis. Not only did the art therapy help develop communication, it also focused on the expression of thoughts and feelings for both parent and child.

Communication of thoughts and feelings. Participants also discussed how art therapy allowed them to discuss their feelings, their child’s feelings, and particular issues the child faced. All participants spoke to art therapy’s ability to help them understand what their child was thinking and feeling. This enabled parents to get to know their child more deeply.

Jennifer expressed that art was a useful tool for both parties to communicate their thoughts and feelings and work through particular issues:

You know if you had asked me...when he was in grade 4, that we could in grade 7 and 8 have the discussions of the issues that would come up, I would have said you were crazy. I didn’t think he could tell me these things, but he did and the problem solving around that ability to draw out the things that were bugging him, oh got us through a lot of issues. Things that could have been really bad, so that was a God send.

This parent recognized that art therapy helped her discover the real issues her child was dealing with, something she would not have been able to do without art. Marissa reported communication’s role in getting to know her child:

Its really exciting when you feel like a child is profoundly, sort of has special needs...profound special needs in terms of their ability to communicate...when you are

able to do that and you find a medium that allows you to really communicate in an authentic way and you feel like you're really getting to know that kid.

Art therapy played a significant role in facilitating discussion about thoughts and feelings. The more they were able to do this, participants described that their understanding of their child grew.

Communication developing mutual understanding. All participants agreed that art therapy gave them the ability to better understand what their child felt, thought, and needed. They found that the understanding of each other improved for both them and their child because of art therapy. Stephanie reported, "it opened up our understanding of how he perceived what we were communicating to him and where the blanks and missing information was." All respondents described that they were able to identify pressure points for the child and difficulties the child was having at school and at home and subsequently how the child felt about these difficulties.

Art therapy's ability to help ease the child's anxiety about certain situations through pictorial communication seemed to be universal for the parents interviewed. Katrina described how art therapy was able to develop and communicate understanding:

We use the art therapy as a teaching mode. So we'll start with words and ask him to put them in a sentence and then ask him to draw to tell us if he understands the sentence as a way to understand what he understands and what he doesn't. It's a way to teach him things through the social stories, do you understand what is going to happen...It's a way for him to show us something that did happen and how he felt about it.

Communication is an integral piece to building a relationship and from these responses it sounds like art therapy helped provide a way of communicating. Questions were not only

devised to explore communication patterns between a parent and child, but also to explore how art therapy impacted the parent-child relationship. Next, I will discuss how parents described art therapy's effect on this important relationship.

Quality of the Parent-Child Relationship

Participants were asked to discuss the quality of their relationship with their child, and to share their perceptions of the impact that art therapy has had on the parent-child relationship. Although Jennifer reported that her relationship with her child was purely as a "caregiver," several ($n=3$) of the participants responded that their relationship with their child was in fact quite connected. Katrina stated that her relationship with her son is "really good...he's very close, he's very affectionate, I'm like his safety blanket." Stephanie described, "we are very close, he and I discuss issues continually, so I am sort of his safe person." Katrina gave an explanation that attempted to explain this experience:

Probably the kind of people that do the art therapy are thinking a little outside the box. There are so many therapies that you would want to go to, ABA [Applied Behavioral Analysis] being the first one. I think probably the people that are doing the art therapy are a little outside the box and are active in participating in them are probably the parents who are already going a bit above and beyond than what maybe some of the others are doing anyway, so I would probably expect those parents to have a better relationship with their child.

Although Angie described her relationship with her son different, she did say, "I would say its pretty typical...I find him somewhat easier [than her twins a year older] because he is a very compliant child." She also said this in a way that implied she was pleased with the quality of their relationship and had positive feelings about it.

Participants were then asked if they noticed any differences in the quality of their relationship to their child since they had engaged in art therapy.” Most ($n=4$) of the participants felt that through their ability to communicate with their child, their relationship with their child was strengthened. Angie felt like art therapy added a new dimension to their relationship. She described, “I would say it is good information, and its knowledge, and knowledge is power. It has added a nice dimension to the relationship.” It sounded as though knowing more about her child helped her develop deeper connections to him and that art therapy facilitated this acquisition of knowledge about her son. Jennifer also agreed with her statement. She discussed, “We have been able to go over some of the things that, I don’t think we could have dealt with, able to sit down and tell us some of the issues that he’s going through.” Marissa also spoke to when discussing how art therapy increased her understanding of how her daughter viewed the world:

Art therapy has been a way for me to learn about my child, art therapy has been a way to learn about how she is perceiving things, how she is taking the world in...some of her thought processes...having her take them to a visual kind of picture context and seeing how she is engaging and able to kind of follow that medium in a much more clear way. So I think it has allowed me to understand how she’s learning and understand how to teach her and understand how to communicate with her in a way that she understands, you know developing trust, empathy, shared meaning, all of those things.

Marissa believed that as the understanding of her child increased, she was able to develop trust, empathy, and shared meaning. These were important components for her in developing and strengthening her relationship with her daughter.

Katrina, on the other hand, acted a bit indifferent to what art therapy has added to her relationship with her son. She stated:

I wouldn't say that per say the art therapy it self helped, what it does do is when you are able to see what he is thinking, it really sort of validates what you pretty much already knew, but now you're completely clear, yes that is what he's thinking, yes that is what he's taking in.

Parents found that participating in the session with their child not only improved the communication between parent and child as discussed above, but it also provided connection between the two. The art therapy seemed to strengthen the relationship through this process of shared experience, which Marissa called "shared meaning." She stated:

She's always really liked animation and so one of the things we did a lot when she was younger, was draw pictures of her favorite characters, not only was she really thrilled about the fact that I would draw her favorite character, or that I could draw what she was talking about...she used to do things like kind of share humor. [May] was always having funny things that she would add to the drawing...then it would become a shared joke...we were laughing about something that we were doing together... that is a shared meaning moment where you feel a connection

According to this experience, art therapy had the ability to bring the parent and child together for a common goal of drawing or painting, which gave the two a sense of connection. Marissa's ability to laugh with her child made her feel more connected to her.

As discussed in the Introduction, there are many intervention models for autism, behavioral therapy being the most common. Marissa mentioned that she had tried behavior

therapy and it hadn't worked with her child. She described the drawbacks of behavior therapy and the ways that art therapy focuses more on the relationship:

From a behavioral perspective... its about making your kid do what you want them to do and its about sort of not necessarily about learning what your child is thinking and so [my art therapist's] approach and maybe globally in art therapy, where she incorporates art from the perspective of wanting to connect with the child and wanting to find a medium where you can share meaning and develop trust and communication, real communication where there is shared meaning.

According to this respondent, art therapy's goal was connection, whereas other therapies, more specifically behavioral therapy, did not have this intention. It seems as though this shared experience and the parent's participation in the art therapy with the child was a pivotal piece to developing connection and strengthening the relationship between the parent and child.

Most ($n=4$) participants felt that the knowledge they gained about their child through art therapy was integral in developing their relationship with their child. Katrina disagreed to this notion and felt like art therapy only verified what she already knew and didn't add to her relationship with her son. One participant, Marissa, spoke passionately about being in the session with her daughter and how that helped them develop their relationship. She also described art therapy's focus on connection and the relationship between parent and child.

Parents talked openly about the impact art therapy had on the communication and relationship with their child. Some ($n=3$) also emphasized that because the disorder caused limitations in communication and social interaction, art therapy was an effective intervention that targeted these specific symptoms of autism. Next, I will illustrate how participants felt art therapy did this.

Art Therapy as an Intervention for Autism

Although the focus of this study was the relationship and communication patterns between the parent and child, many of the respondents talked about the importance of social skills to the development of their child. Children with autism have difficulty connecting with others. This is extremely worrisome for parents. By using art therapy as a tool for communication, parents, with the help of their art therapist, were able to explain social situations and help their child function in their every day life. Most ($n=4$) parents described art therapy as an important tool in building social skills. Stephanie described:

Suddenly it took social skills from, I need eye contact... the basic, basic stuff that you basically hear in autism that you have to do specific, say hello, shake someone's hand, whatever...to I want to understand the social world in a broader way, how do I understand that. I really don't think that without those kind of metaphors, those kind of visuals we would have been able to get that across.

Art therapy's ability to develop a child with autism's social skills also proves that it is in fact an appropriate medium for children with autism.

All participants mentioned the great difficulty their child had with communication. All parents attributed these difficulties to the disorder and had a level of understanding that these difficulties would never go away, but could be alleviated to a certain degree. Angie noted:

I mean there is always going to be a lag, I would say that because of art therapy the degree to which that lag is minimized, will I ever close the gap, no I won't, there are times when it ebbs and flows, but I believe that the value added is that through this technique that the delay or gap has been minimized.

Angie was able to point out the impact art therapy has on minimizing the delay that children with autism have. This gap was a concern for all parents interviewed. Angie also emphasized the role that art plays as an intervention for autism:

I think kids love art and it's a very non-threatening thing so its not like you're trying to get kids to talk when its hard for those kids to talk, it's a way to have them draw language without them getting bottled up.

Another symptom unique to autism is concrete thinking. Marissa discusses how art therapy targets this impairment:

One of the things that I've learned in art therapy is that [May] needs pictures to create the context where things make sense for her...It's a way to make an overt link between things that she would not pick up otherwise, so where most of us would catch subtle cues of people pointing to things as they are talking about them or learning through spoken language, those things weren't happening for Emma or don't happen for Emma or at least don't happen very easily, so pictures and art is a way to fill in the blanks.

Jennifer also noted that art therapy helped her explain more abstract concepts to her son, which had been a problem due to his symptom of concrete thinking. This highlights the main point made from all participants: art is a unique way for a child with autism to express his/her thoughts, feelings, fears, concerns, etc. and works with this population to do so.

In the above findings, it can be concluded that art therapy was able to help develop and increase communication between parent and child as well as strengthening the parent-child relationship. Most of the participants ($n=4$) felt that not only was art therapy an integral part of their communication with their child, but it was a key component in developing a stronger relationship with their child. Several ($n=3$) of the participants also felt that they would not have

been able to learn about their child without the art therapy. All parents believed that art therapy had a unique ability to target the communication and social interaction impairments in children with autism. Now, I will discuss the significance of these findings in detail in comparison with the literature and present the study's limitations, implications for social work practice and policy, and recommendations for future research.

CHAPTER V

Discussion

The focus of this study was to explore the parental perceptions of the effect art therapy can have on the relationship between a parent and his/her child with autism. This study's findings confirmed that art therapy does in fact strengthen the parent-child relationship. All parents spoke to the fact that art therapy helped them communicate effectively with their child and enabled them to learn more about their child. As the communication developed, parents spoke about the positive effect this had on their relationship. These findings were consistent with the previous research discussed in the Literature Review, and will be outlined in the discussion below.

Below, I will present this study's key findings as follows, comparing and contrasting with the previously reviewed literature throughout. First, I will discuss the way the two theories of autism, the theory of weak central coherence and the theory of mind, informed the interpretation of the study's findings. Then, I will present the prominent findings of this study including: (1) communication patterns between parent and child; (2) quality of the parent-child relationship; and (3) art therapy as an intervention for autism. Additionally, I will discuss one emergent finding in more depth: art therapy versus behavioral therapy's ability to treat the symptoms of autism. I will conclude by discussing the limitations of the study, outlining implications for social work practice, and suggesting recommendations for future research.

Key Findings

Theories of Autism. The Literature Review discussed in detail two theories that helped to explain why children with autism have such great difficulties with social interaction. The theory of weak central coherence described children with autism's lack of ability to connect-the-dots and put all aspects of a situation together to form inferences and opinions (Frith & Happé, 1994; Happé, 1997; Rutgers, 2004; Happé & Frith, 2006; Senju, 2012). The theory of mind described their impairment in understanding what another is thinking and feeling (mentalizing) (White, Hill, Happé & Frith, 2009), being able to incorporate that into how they perceive a situation (Travis & Sigman, 1998), experience a full range of mental states (Baron-Cohen, 2001), and participating in joint attention (Frith, 1989 as cited in Hobson, 1993; Mundy, 1995 as cited in Travis & Sigman, 1998; Naber et al., 2007). The findings indicated that art therapy targets both of these theories in order to alleviate these impairments.

Participants spoke about drawing social stories, what the art therapist used to depict social situations and develop social skills, and describing situations in which they were able to teach their child all the aspects of specific experiences. Although children with autism suffer from concrete thinking, the use of these social stories in art allowed them to understand the outside world more and navigate through social dynamics easier. This aspect of the art therapy targets the theory of weak central coherence.

Participants also discussed the reciprocal process of how art therapy was able to help both them and their children by providing a medium through which the child could learn to express his/her thoughts and feelings. This led to a greater understanding between the two parties. Wheeler (2012) stated that art therapy is especially useful for people with ASD because it helps develop their theory of mind. Art helped participants communicate with their child what they

were thinking and how they perceived an experience or a situation. Parents described that this ability to converse positively impacted the parent-child relationship in that the art therapy was able to bridge the child's gap in understanding others. This relates to the topic of mentalizing discussed in the Literature Review. Art therapy also provided a forced interaction where the child was required to participate together with their parent. This directly targeted the impairment of joint attention in the theory of mind thereby improving the child's ability to participate, initiate, and sustain social interactions. Findings from this study supported the two theories of autism and demonstrated that art therapy successfully targets symptoms of autism. Next, I will discuss the communication patterns found in this study in relation to the previously reviewed literature.

Communication patterns between parent and child. The most prominent finding of this study was that art therapy helped to both develop *and* improve communication between parent and child. Children need both verbal and nonverbal ways of communicating (Buschel & Madsen, 2006; Gaensbauer, 1995). Since all of the children in this study had difficulties with verbal communication, the art therapy became their way of communicating nonverbally. Three out of the five parents felt that without the art therapy they would not have any means of communication. One participant, Marissa, described herself feeling lost about how to communicate with her daughter. Because there was a lack in verbal communication, she needed a form of nonverbal communication.

Malchiodi (2007) discussed that images made during art therapy sessions were symbolic of the participant's inner world. Art therapy helped both parties communicate their thoughts and feelings and created a mutual understanding between the two. This was true for most of the parents. Although most parents believed strongly in art therapy's ability to facilitate

communication, one parent, Katrina, in contrast, felt that the nonverbal communication of art therapy only served to verify what she already knew, although her son had no verbal communication. Even though she felt it did not play a large role, it did seem to be a significant communication tool for her as it helped her know with more confidence her son's thoughts and feelings. Therefore, art therapy was effectively used for communication between parent and child.

Betts (2005) described that the symbolic communication that art therapy provided would be able to nurture the development of more direct communication. This fact held true for all of the participants as many of them described their ability to talk about issues continuously and more effectively. One participant, Jennifer, spoke specifically about being surprised that she and her son are able to discuss issues and problem solve. Another, Marissa, felt that art therapy helped her and her daughter communicate in an authentic way. Using Betts' (2005) symbolic communication, art therapy's ability to facilitate direct communication and connection between parent and child led to a stronger relationship. The findings of this study support the previous literature that art therapy provides a means to communicate a child with autism's inner world (Malchiodi, 2007) and facilitate parent-child communication (Betts, 2005). Next, I will discuss art therapy's impact on the quality of the parent-child relationship.

Quality of the parent-child relationship. Several parents described their relationship as very close and two within that group described themselves as their child's "safety blanket" or "safe person." This finding that children with autism and their parents can have a close relationship corroborates the literature previously discussed that stated 53% of all children with autism showed characteristics of attachment security (Rutgers et al., 2004). Although the other

two parents did not describe their relationship with their child as particularly intimate, they did mention that they discussed issues with their child often, which can indicate a close relationship.

Rutgers et al. (2007) described that the parent-child relationship with children with autism can be less flexible, sensitive and synchronous interactive environment. However, that description contrasted with the findings and was not supported by the participants in this study. Katrina tried to explain this fact by stating that the parents who use art therapy are going “above and beyond” what other parents do and that is what gives them a better relationship with their child. It is unclear whether the art therapy was able to give the parents this closer and more synchronous environment, or if it was already there due to the uniqueness of the parents. Participants also described being able to talk about issues, work through problems, and talk about feelings with the help of art therapy. This sensitive environment interviewees described contrasted the findings of Rutgers et al. (2007). In addition, parents had to learn new skills in art and communication, thus proving a more flexible environment.

Solomon et al. (2008) described that parent interaction therapy increased the parent and child’s positive affect expressed towards one another. This study’s findings confirm this statement. When talking about their children, parents would smile and laugh when describing the art therapy interventions and the impact the interventions have had on the parent-child relationship. One participant, Marissa, fondly recalled how her daughter drew silly characters and they were able to connect through laughter. As a result, these intimate interactions supplied through art therapy created a positive environment and supports Solomon et al.’s (2008) study.

Because children with autism have a severe impairment in social interactions, Beurkens (2010) described that these symptoms would result in less emotional attunement between the parent and child, poorer quality of parent-child interactions, and less motivation to engage in and

respond to each other. This study found that art therapy targeted these symptoms of social impairment and successfully improved emotional attunement between parent and child. As stated above, the parents seem to have positive feelings about their interactions with their children. Also, Jennifer described she could not believe that her and her son have been able to talk about a multitude of issues. This shows an increase in motivation to engage with each other. Art's ability to target the impairments in socialization and communication clearly demonstrates that it is a significant intervention for the population. The findings clearly support the previous literatures claims that parent interaction therapy increases positive affect between parent and child (Solomon et al., 2008). Rutgers et al.'s (2007) finding that the environment between a parent and his/her child is less flexible and sensitive than others was challenged by the findings of this study, which demonstrated art therapy's ability to provide more flexibility and sensitivity. Now, I will discuss art therapy as an intervention for autism.

Art therapy as an intervention for Autism. Children with autism have unique symptoms that need to be targeted in order for an intervention to be effective. One participant, Angie, discussed that although there will always be a lag in communication and understanding for her child, art therapy helped to minimize the gap by targeting her son's symptoms of autism. Ullman (2001) and Betts (2005) found that art therapists working with autism focused on increasing communication skills, developing sense of self, facilitating sensory integrations, and relationship building. This study focused on two of those aspects of art therapy and found that the art therapy did in fact increase communication skills and strengthen relationships.

Epp (2008) found that art therapy helped children with autism be less concrete in self-expression. Marissa and Jennifer both spoke about this and agreed that the art therapy targeted

this impairment and they could see a significant improvement in their child's ability to think more abstractly and understand more about their surroundings.

Art therapy helps children with autism improve their socialization skills (Emery, 2004; Wheeler, 2012). Four out of the five parents reported that art therapy was an integral tool in developing social skills. This was helpful not only between parent and child, but also with peers and in the school environment. Parent's showed a lot of appreciation for this aspect of art therapy.

The findings corroborated the previous literature stating that art therapy helps children with autism strengthen social skills (Ullman, 2001; Betts, 2005) and become more concrete (Epp, 2008). As discussed earlier, there are many therapies used for the treatment of autism. Although behavior therapy is a widespread and more common treatment for symptoms, art therapy is also an effective intervention. Next, I will compare and contrast the treatments of art therapy and behavior therapy.

Art therapy versus Behavior therapy. Although this study focused on the effect art therapy has on a child with autism and their limitations in communication and relationship building, it is also important to look at the impact other therapies have in comparison. An extensive review of the literature revealed a dearth of research focused on comparing art therapy and behavior therapy, also known as Applied Behavior Analysis (ABA), in their treatment of the specific symptoms of autism. One participant, Marissa, in this study spoke to her experience of the difference between art therapy and behavior therapy. Specifically, she discussed that behavior therapy "was not at all [her daughter's] cup of tea...and didn't seem to draw her in very much" and as the findings have concluded, art therapy was instrumental in providing connection and communication between the participants and their children.

According to the Autism Speaks website, “ABA principles and techniques can foster basic skills such as looking, listening, and imitating, as well as complex skills such as reading, conversing, and understanding another person’s perspective” (2013). Behavior therapy focuses on reinforcing positive behavior and skill building and can result in improving a child’s learning, reasoning, communication, and adaptability (Autism Speaks, 2013). As behavior therapy solely works on the problem behaviors of autism and works to “train” the child to be more like other children, this study found that art therapy helps children show their uniqueness by communicating their thoughts and feelings. Marissa stated, “as a parent it feels really different when you’re setting out to try and learn about your child and trying to communicate with your child” versus focusing on compliance and pleasing each other. She felt that art therapy focused more on connection and through this ability to work on this parent-child connection, communication improved as did appropriate behaviors. Another participant, Stephanie, spoke to art therapy’s ability to facilitate daily life in providing the much needed communication and connection.

The main symptoms of autism are difficulties with social-interaction, communication challenges, and a propensity for repetitive behaviors. As these findings indicate, art therapy is proven to alleviate both the social interaction and communication difficulties, whereas behavioral therapy focuses primarily on behaviors. All participants stated that art therapy improved their communication with their children. A few participants talked about art therapy’s striking capability to help children understand social situations and reinforce their social skills. Several spoke specifically about how art therapy strengthened the parent-child relationship.

Behavior therapy attempts to combat the symptoms of autism by training the children with reinforcement. For example, when a child communicates properly, they get reinforced with

something they like, such as a raisin or a few minutes on the swing. Art therapy has a unique and seemingly powerful way of combating the symptoms of autism. It focuses on getting to know the child, bridging the communication gap, and forcing social-interaction. When a child feels understood and “seen,” it can motivate them towards relationships, something that most children with autism do not do. When they are able to communicate their feelings and thoughts and someone, specifically a parent, listens and understands them, it makes them want to communicate more. It is a different and more intimate way of connecting than behavior therapy. According to this study, the communication the parents gained from art therapy strengthened their relationships with their children.

Through its ability to work on communication and the relationship, art therapy can give the child the tools to function in school. As one participant mentioned, teachers and aides were “liberated” by this tool that helped them communicate with her child. This can then be brought to the rest of the class as a tool to help the class as a whole function. Behavior therapy is often individualized in the classroom and focuses on allowing the individual child to function in that environment..

In summary, art therapy and behavior therapy are both useful and effective interventions for autism, but art therapy has a stronger focus on building connection as a way to combat the symptoms of autism. Participants described that through the development of communication, their every day functioning became easier and their connection with their child grew. Next, I will discuss the limitations of this study.

Limitations

There were numerous limitations to this study, including: (1) small sample size; (2) a limiting inclusion criterion; (3) all participants were women; (4) all participants shared the same

art therapist; (5) all children seemed to be high functioning; (6) interviews were after many years of art therapy; and (7) the definition of art therapy postulating that art therapy must be facilitated by a trained art therapist.

The main limitation to this study was the low number of participants. This hindered me from getting a wide variety of answers and experiences and limited the generalizability of the study. Each participant had something different to add and having more participants would have resulted in a richer study.

Another important limitation that likely led to the small number of participants was the inclusion criterion of having the parent participate in the art therapy with the child. This criterion narrowed the scope of eligible participants. Widening the inclusion criteria would have resulted in more participants because there are numerous art therapists who used art therapy with children of autism. Most of these art therapists do not include the parents, thus ruling them ineligible for this study. More resources may be needed to conduct this study and find qualifying art therapists.

A third limitation pertained to the study's lack of diversity. Only the mothers chose to participate leaving the fathers' voices unheard. The relationship and/or communication style between a mother and her child can be different than that of a father and his child and it would have been interesting to hear both. Also, four of the study's participants were in heterosexual families with two parents, while one participant was a single parent home.

A fourth limitation was that the participants all shared the same art therapist. This was a huge limitation because this study only revealed the effect this particular art therapist had on her clients. If the study included different art therapists, the findings would have been able to generalize to art therapy as a whole. Although the findings indicated that art therapy

strengthened the relationship and increased the ability to communicate, the results could have been due to this particular art therapist's unique ability to do that. Other art therapists might not have this ability.

According to participants' comments, their children were on the higher end of the spectrum. This is a limitation because it does not give a full view of art therapy's impact on the entire autism spectrum. It may be true that art therapy works better with children who have higher functioning autism, but this study does not have enough participants across the spectrum to be able to draw any definitive conclusions about that.

A fifth limitation was the absence of a comparison. The parents included in this study had been using art therapy for many years. It is hard to make inferences about the impact art therapy has had on their communication and relationship when I am solely asking them to remember what it was like before.

Lastly, a limitation was stipulating that the art therapy needed to be implemented by a trained art therapist. Although this helped with the integrity of the study, there are many programs that are run by parents and volunteers in arts programs that significantly helping alleviate the symptoms of autism in children. While there were many limitations to this study, its findings can inform future social work practice and policy development as will be discussed below.

Implications

Implications for social work practice. The findings from this study indicated that art therapy has the ability to develop communication and facilitate connection between a parent and his/her child with autism. For these five participants, art therapy seemed to be an integral piece of their child's treatment for autism. They each had children that had begun at a young age and

have continued into their late teens and early twenties. Although one participant mentioned using pharmacological treatments and another discussed behavioral therapy, art therapy stayed consistent over a number of years indicating that it had a profound impact on the child. This speaks to the importance of considering the use of art therapy interventions in the work clinicians do with this population in order to build communication and foster a stronger parent-child relationship.

As can be seen from this study, art therapy positively impacted these families affected by autism. As mentioned earlier in the Methodology, this study only included people that can either afford art therapy or have health insurance that allows for it. The results from this study show that there is room for growth in government-funded programs for autism. In California, behavioral therapy is often provided by the state through regional centers for free or a very low cost. This study shows that art therapy programs could positively benefit families with autism. Because there are not many studies on art therapy's ability to treat autism, there needs to be future research in order to make an impact on future policy and program reform. Now, I will discuss recommendations for future research.

Implications for future research. Additional research regarding art therapy's role in treating symptoms of autism is recommended. This study indicates that art therapy can significantly decrease the symptoms of autism. As listed in the limitations, it would be noteworthy to conduct a study that included fathers as well as including parents who had children from the lower side of the autism spectrum. Research could also include studying different family structures. These diverse familial configurations could include adoptive parents, single fathers, single mothers, lesbian/gay/bisexual/transgender parents, foster parents, and

grandparents. Research would inform the effect the child's experience with communication and connection within these varying family dynamics.

This study also focused on the communication and relationship benefits art therapy provides to families affected by autism. The findings indicated that art therapy not only developed communication between parent and child, but that it increased social skills. Additional research could be done to identify other benefits from art therapy that transcend targeting the core symptoms of autism.

Experimental and longitudinal studies would be beneficial for this population because it would be advantageous to interview parents before they had any art therapy interventions to ask them questions about their communication and relationship with their child. This would provide a definitive baseline of how they are functioning without any art therapy intervention and the impact the symptoms of autism are having on their communication and relationship. Subsequently, a longitudinal study would compare participants' answers after they participated in art therapy using the same interview design as this study.

There is a dearth in research based on comparing the effects of art therapy versus behavior therapy. As discussed earlier, symptoms of autism include repetitive behavior. Behavior therapy attempts to decrease this particular symptom, but none of the participants mentioned art therapy targeting repetitive behaviors. Future research needs to be done to study art therapy's impact on the repetitive behaviors children with autism have as well as a direct comparison of families who have used both behavior therapy and art therapy.

One of the participants, Angie, indicated that many of her child's aides and teachers felt comfortable with and "liberated" by using the art as communication. Research has the potential to reveal art therapy's impact on the classroom environment. As this study found that art therapy

fostered connection between a parent and child, future research can study its impact on peer interactions at school.

Conclusion

This study investigated the parental perceptions of the impact art therapy has on communication patterns and quality of relationship between a parent and his/her child with autism. It was found that art therapy has a unique ability to develop and increase communication between a parent and child and also strengthen the parent-child relationship. As all parents indicated that their children struggled with verbal communication, they spoke to art therapy's capability to develop communication. However, the degree of importance of art therapy varied amongst the parents. Several parents disagreed that it was the only intervention that helped the symptoms of autism, whereas others felt that both they and their children would not be functioning without it. Participants also discussed how art therapy helped them understand the thoughts and feelings of their children. Through the development of communication and the connection art therapy provided, parents indicated that the quality of their relationship with their child improved and felt that overall, art therapy proved to be an effective treatment for the symptoms of autism.

References

- Ainsworth, M.D.S., Blehar, M.C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A Psychological Study of the Strange Situation*. Hillsdale, NJ: Erlbaum.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders*. (3rd edn). Washington, DC: Author.
- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders*. (3rd edn rev.). Washington, DC: Author.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders*. (4th edn rev.). Washington, DC: Author.
- Autism Speaks (2012). What is Autism? Retrieved from <http://www.autismspeaks.org/what-autism>.
- Autism Speaks (2013). Applied Behavior Analysis (ABA). Retrieved from <http://www.autismspeaks.org/what-autism/treatment/applied-behavior-analysis-aba>.
- Autism Society of America & the American Art Therapy Association. (2012) Art Therapy & Autism Spectrum Disorder: Integrating Creative Interventions. Retrieved from www.arttherapy.org/AutismToolkit/autismtoolkit.pdf.
- Banks, S., Davis, P., Howard, V. F., & McLaughlin, T. F. (1993). The effects of directed art activities on the behavior of young children with disabilities; A multi-element baseline analysis. *Art Therapy: Journal of the American Art Therapy Association*, 10(4), 235-240.
- Barnes, J., Kroll, L., Burke, O., Lee, J., Jones, A., & Stein, A. (2000). Qualitative interview study of communication between parents and children about maternal breast cancer. *BMJ*, 321, 479-482.

- Baron-Cohen, Simon. (2001). Theory of mind in normal development and autism. *Prisme*, 34, 174-183.
- Bell, R.Q. (1968). A reinterpretation of the direction of effects in studies of socialization. *Psychological Review*, 75(2), 81-95.
- Bengtson, V. L., & Schrader, S. S. (1982). Parent– child relationships. In D. J. Mangon & W. A. Peterson (Eds.), *Research instruments in social gerontology* (Vol. 2, pp. 115–185). Minneapolis: University of Minnesota Press.
- Bethea, T. C. & Sikich, L. (2007). Early pharmacological treatment of autism: a rationale for developmental treatment. *Biol Psychiatry*, 61(4), 521-537.
- Betts, D. J. (2005). The art of art therapy: Drawing individuals out in creative ways. *Advocate: Magazine of the Autism Society of America*, 26-27.
- Beurkens, N.M. (2010). *The Impact of Symptom Severity on Parent-Child Interaction and Relationships Among Children with Autism*. (Doctoral Dissertation) Retrieved from ProQuest.
- Bowlby, John. (1969). *Attachment and Loss: Volume 1 – Attachment*. Basic Books: New York.
- Boyce, G. C., Behl, D., Mortensen, L., & Akers, J. (1991). Child characteristics, family demographics and family processes: Their effects on the stress experienced by families of children with disabilities. *Counselling Psychology Quarterly*, 4(4), 273-288.
- Buschel, B. S. & Madsen, L. H. (2006). Strengthening Connections Between Mothers and Children: Art Therapy in a Domestic Violence Shelter. *Journal of Aggression, Maltreatment, & Trauma*, 13(1), 87-108.

- Burnette, Courtney P., Mundy, Peter C., Meyer, Jessica A., Sutton, Steven K., Vaughan, Amy E., & Charak, David. (2005). Weak Central Coherence and Its Relations to Theory of Mind and Anxiety in Autism. *Journal of Autism and Developmental Disorders*, 35(1), 63-73.
- Carpenter, M., Pennington, B. F., & Rogers, S. J. (2002). Interrelations Among Social-Cognitive Skills in Young Children with Autism. *Journal of Autism and Developmental Disorders*, 32(2), 91-106.
- Coates, H. & Swiezy, N. (2011). Applied Behavior Analysis (ABA): What is it? Retrieved from <http://www.handsinautism.org/pdf/whatisABA.pdf>.
- Choi, S., & Goo, K. (2012). Holding environment: The effects of group art therapy on mother-child attachment. *The Arts in Psychotherapy*, 39(1), 19-24. doi:10.1016/j.aip.2011.11.001.
- Davies, D. (2011). *Child development: A practitioner's guide* (2nd ed.). New York : Guilford.
- Emery, Melinda J. (2004). Art Therapy as an Intervention for Autism. *Art Therapy: Journal of the American Art Therapy Association*, 21(3), 143-147.
- Epp, K. (2008). Outcome-Based Evaluation of a Social Skills Program Using Art Therapy and Group Therapy for Children on the Autism Spectrum. *Children & Schools*, 30(1), 27-36.
- Evans, K. & Dubowski, J. (2001). *Art Therapy With Children on the Autistic Spectrum: Beyond Words*. London, Philadelphia: Jessica Kingsley.

- Foley, C. (2011). Autism-related deficits in theory of mind, central coherence and executive functions as predictors of social competency in a normal control sample. *Dissertation Abstracts International*, 71.
- Fonagy, P. (2008). The Mentalization-Focused Approach to Social Development. In Busch, F. (Ed.). (2008). *Mentalization: Theoretical Considerations, Research Findings, and Clinical Implications*. Taylor & Francis Group: New York.
- Frith, U. (1989). Autism. Explaining the enigma. Oxford: Blackwell.
- Frith, Uta & Happé, Francesca. (1994). Autism: beyond “theory of mind.” *Cognition*, 50, 115-132.
- Gaensbauer, T. J. (1995.) Trauma in the preverbal period. *Psychoanalytic Study of the Child*, 50, 122-149.
- Gussak, D. (2004). Art therapy with prison inmates: A pilot study. *The Arts in Psychotherapy*, 31(4), 245–259.
- Gussak, D. (2006). Effects of art therapy with prison inmates: A follow-up study. *The Arts in Psychotherapy*, 33, 188–198.
- Hall, P. (1991). Exploring the Mother-Child Relationship: an art therapy workshop. Unpublished MA dissertation, University of Hatfield, Hertfordshire.
- Happé F. (1994). Autism: An introduction to psychological theory. London: UCL Press.
- Happé, F. G. E. (1997), Central coherence and theory of mind in autism: Reading homographs in context. *British Journal of Developmental Psychology*, 15: 1–12. DOI: 10.1111/j.2044-835X.1997.tb00721.x
- Happé F. (1999). Autism: cognitive deficit or cognitive style? *Trends in Cognitive Sciences*, 3(6), 216-222.

- Happé, Francesca & Frith, Uta. (2006). The Weak Coherence Account: Detail-focused Cognitive Style in Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders*, 36(1), 5-25.
- Hosea, H. (2006). “The brush’s footmarks”: Parents and infants paint together in a small community art therapy group. *International Journal of Art Therapy*, 11(2), 69–78.
- Kai, J. (1996). Parents’ difficulties and information needs in coping with acute illness in preschool children: a qualitative study. *BMJ*, 313, 987-990.
- Kanner, L. (1943). Autistic disturbances of affective contact. *Nervous Child*, 2, 217–250.
- Kuczynski, L. (2003). Beyond bidirectionality: Bilateral conceptual frameworks for understanding dynamics of parent-child relations. In L. Kuczynski (Ed.), *Handbook of dynamics in parent-child relations* (pp. 3-24). Thousand Oaks, CA: SAGE.
- Lai, N-H. (2011). Expressive Arts Therapy for Mother-Child Relationship (EAT-MCR): A novel model for domestic violence survivors in Chinese culture. *The Arts in Psychotherapy*, 38, 305-311.
- Lollis, S. & Kuczynski, L. (1997). Beyond One Hand Clapping: Seeing Bidirectionality in Parent-Child Relations. *Journal of Social and Personal Relationships*, 14(4), 441-461. DOI: 10.1177/02654075971444002.
- Losh, M., Martin, G. E., Klusek, J., Hogan-Brown, A. L., & Sideris, J. (2012). Social Communication and Theory of Mind in Boys with Autism and Fragile X Syndrome. *Frontiers in Psychology*, 3, Article 266. doi: 10.3389/fpsyg.2012.00266
- Mackay, T., Knott, F., & Dunlop, A-W. (2007). Developing social interaction and understanding in individuals with autism spectrum disorder: A groupwork intervention. *Journal of Intellectual & Developmental Disability*, 32(4), 279-290.

- Mackintosh, V. H., Goin-Kochel, R. P., & Myers, B. J. (2012) ‘What do you like/dislike about the treatments you’re currently using?’: A qualitative study of parents of children with autism spectrum disorders. *Focus on Autism and Other Developmental Disabilities*, 27(1), 51-60.
- Malchiodi, C. A. (2007) *The Art Therapy Sourcebook*. McGraw Hill: New York.
- Martin, N. (2008) Assessing Portrait Drawings Created by Children and Adolescents with Autism Spectrum Disorder. *Art Therapy: Journal of the American Art Therapy Association*, 25(1), 15-23.
- Martin, N. (2009). Art Therapy and Autism: Overview and Recommendations. *Art Therapy: Journal of the American Art Therapy Association*, 26(4), 187-190.
- McClellan, C. (1999). Mixed metaphors—dependency or defence: Art therapy as an intervention within a mother–daughter relationship. In D. Waller, J. Mahony (Eds.) , *Treatment of addiction: Current issues for arts therapies* (pp. 167-206). Florence, KY US: Taylor & Frances/Routledge.
- Myers, B. J., Machintosh, V. H., & Goin-Kochel, R. P. (2009). “My greatest joy and my greatest heart ache: “Parents’ own words on how having a child in the autism spectrum has affected their lives and their families’ lives. *Research in Autism Spectrum Disorders*, 3, 670-684. doi:10.1016/j.rasd.2009.01.004
- Naber, F. B. A., Swinkels, S. H. N., Buitelaar, J. K., Dietz, C., van Daalen, E., Bakermans-Kranenburg, M. J., van IJsendoorn, M. A., & van Engeland, H. (2007). Joint Attention and Attachment in Toddlers with Autism. *Journal of Abnormal Child Psychology*, 35, 899-911. DOI: 10.1007/s10802-007-9142-3

National Institute of Mental Health. (2011). What is autism spectrum disorder (ASD)?

Retrieved from <http://www.nimh.nih.gov/health/publications/a-parents-guide-to-autism-spectrum-disorder/what-is-autism-spectrum-disorder-asd.shtml>.

Orsmond, G. I., Seltzer, M. M., Greenberg J. S., & Krauss, M. W. (2006). Mother-Child Relationship Quality Among Adolescents and Adults with Autism. *American Journal on Mental Retardation*, 111(2), 121-137.

Osborne, Jan. (2003). Art and the Child with Autism: therapy or education? *Early Child Development and Care*, 173(4), 411-423.

Phillips, Denise. 1986. Photography's Use as a Metaphor of Self With Stabilized Schizophrenic Patients. *The Arts in Psychotherapy*, 13, 9-16.

Pifalo, T. (2002). Pulling out thorns: Art therapy with sexually abused children and adolescents. *Art Therapy: Journal of the American Art Therapy Association*, 19(1), 12–22.

Ponteri, A. K. (2001). The Effect of Group Art Therapy on Depressed Mothers and Their Children. *Art Therapy*, 18(3), 148-157.

Proulx, L. (2002). Strengthening Ties, Parent-Child-Dyad: Group Art Therapy with Toddlers and Their Parents. *American Journal of Art Therapy*, 40(4), 238-258.

Proulx, L. (2003). *Strengthening Emotional Ties through Parent-Child-Dyad Art Therapy: Interventions with Infants and Preschoolers*. London, Philadelphia: Jessica Kingsley.

Rajendran, Gnanathusharan & Mitchell, Peter. (2007). Cognitive theories of autism. *Developmental Review*, 27, 224-260. DOI:10.1016/j.dr.2007.02.001

- Reynolds, Matthew W., Nabors, Laura & Quinlan, Anne. (2000). The Effectiveness of Art Therapy: Does it Work? *Art Therapy: Journal of the American Art Therapy Association*, 17(3), 207-213.
- Rubin, A. & Babbie, E. (2013). *Essential research methods for social work* (3 rd ed.).CA: Brooks/Cole Cengage Learning.
- Rutgers, A. H., Bakermans-Kranenburg, M. J., van IJzendoorn, M. H., & van Berckalaer-Onnes, I. (2004). Autism and attachment: a meta-analytic review. *Journal of Child Psychology and Psychiatry*, 45(6), 1123-1134.
- Rutgers, A. H., van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Swinkels, S. H. N., van Daailen, E., Dietz, C., Naber, Buitelaar, J. K., & van Engeland, H. (2007) Autism, Attachment and Parenting: A Comparison of Children with Autism Spectrum Disorder, Mental Retardation, Language Disorder, and Non-clinical Children. *Journal of Abnormal Child Psychology*, 35, 859-870.
- Senju, A. (2012) Spontaneous Theory of Mind and Its Absence in Autism Spectrum Disorders. *The Neuroscientist*, 18(2), 108-113. DOI: 10.1177/1073858410397208
- Seskin, L., Feliciano, E., Tippy, G., Yedloutschnig, R., Sossin, K. M., & Yasik, A. (2010). Attachment and Autism: Parental Attachment Representations and Relational Behaviors in the Parent-Child Dyad. *Journal of Abnormal Child Psychology*, 38, 949-960.
- Shilkret, R. and Shilkret, C. (2008). Attachment Theory. In Berzoff, J., Melano Flanagan, L., & Hertz, P. (Eds.). (2008). *Inside out and outside in: Psychodynamic clinical theory, practice and psychopathology, in multicultural contexts* (pp. 189-203). Northvale, NJ: Jason Aronson, Inc.

- Sigman, M., Dijamco, A., Gratier, M., & Rozga, A. (2004). Early Detection of Core Deficits in Autism. *Mental Retardation and Developmental Disabilities Research Reviews, 10*, 221-233.
- Slayton, Sarah, C., D'Archer, Jeanne, & Kaplan, Frances. (2010). Outcome Studies on the Efficacy of Art Therapy: A Review of Findings. *Art Therapy: Journal of the American Art Therapy Association, 27*(3), 108-118.
- Solomon, M., Ono, M., Timmer, S., & Goodlin-Jones, B. (2008). The Effectiveness of Parent-Child Interaction Therapy for Families of Children on the Autism Spectrum. *Journal of Autism and Developmental Disorders, 38*, 1767-1776.
- Southwest Autism Research & Resource Center. (2012). Treatment & Interventions. Retrieved from http://autismcenter.org/treatment_interventions.aspx#q5.
- Tammet, D. (2006). *Born on a Blue Day: Inside the Extraordinary Mind of an Autistic Savant*. Free Press: New York.
- Travis, L L. & Sigman, M. (1998). Social Deficits and Interpersonal Relationships in Autism. *Mental Retardation and Developmental Disabilities Research Reviews, 4*, 65-72.
- Ullman, P. (2011). Art Therapy and Children with Autism: Gaining Access to Their World through Creativity. *FUSION: online magazine for the Art Therapy profession, 3*(1).
- van IJzendoorn, M. H., Rutgers, A. H., Bakermans-Kranenburg, M. J., van Daalen, E., Dietz, C., Buitelaar, J. K., Swinkels, A. H. N., Naber, F. B. A., & van Engeland, H. (2007). Parental Sensitivity and Attachment in Children with Autism Spectrum Disorder:

Comparison With Children With Mental Retardation, With Language Delays, and With Typical Development. *Child Development*, 78(2), 597-608.

Weiser, J. (1988). "See what I mean?" Photography as nonverbal communication in cross-cultural psychology. In: Poyatos, F. (Ed.), *Cross-cultural perspectives in nonverbal communication* (pp. 245-290). Toronto: Hogrefe.

Weiser, J. (1999). *PhotoTherapy Techniques: Exploring the Secrets of Personal Snapshots and Family Albums*. Vancouver: PhotoTherapy Centre Press.

Weiser, J. (2004). PhotoTherapy techniques in counseling and therapy: Using ordinary snapshots and photo-interactions to help clients heal their lives. *The Canadian Art Therapy Association Journal, Fall, 17:2*, 23-53.

White, S., Hill, E., Happé, F., & Frith, U. (2009). Revisiting the Strange Stories: Revealing Mentalizing Impairments in Autism. *Child Development*, 80(4), 1097-1117.

Appendix A
Human Subjects Review Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

February 19, 2013

Alessandra Giampaolo

Dear Alessandra,

Thank you for making all the requested changes to your Human Subjects Review application. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

A handwritten signature in cursive script that reads "Marsha Kline Pruett".

Marsha Kline Pruett, M.S., Ph.D., M.S.L.
Acting Chair, Human Subjects Review Committee

CC: Christina Papanestor, Research Advisor

Appendix B

LinkedIn Recruitment on the “Art Therapy & Autism” Group Page

Looking for art therapists who use art therapy with children with autism and their parents.

Hi everyone. My name is Alessandra Giampaolo and I am a Masters student at the Smith College School for Social Work. I am currently looking for participants for my thesis project. I would like to find art therapists who have used art therapy as an intervention for children diagnosed with autism. I am specifically interested in the ability art therapy has to strengthen the parent-child relationship within this population.

I am writing to ask if you are willing to distribute my recruitment letter along to your client’s parents asking them if they would be interested in participating in my study. Eligibility requirements for participation in the study include having a child (age 4-12) diagnosed with autism who participates in art therapy as an intervention for autism. Parents must have participated in the art therapy with their child in order to participate in my study. The child can also be over the age of 12, but must have began art therapy between the ages of 4 and 12. I am open to mothers, fathers, adoptive parents, or all of the above.

Participation includes a 45 minute to one hour individual interview with the child’s parent, during which I will ask the participants questions about the impact art therapy has had on their relationship with and ability to communicate with their child.

Please let me know if you have any questions and thank you in advance for helping me with recruitment.

Sincerely,

Alessandra Giampaolo

Appendix C

Facebook Recruitment on Various Art Therapy-Related Groups and Pages

Hello everyone,

I am currently working on my thesis for the Smith College School for Social Work. I am looking for art therapists who have used art therapy with children with autism and their parents.

I am writing to ask if you are willing to distribute my recruitment letter along to your client's parents asking them if they would be interested in participating in my study. Eligibility requirements for participation in the study include having a child (age 4-12) diagnosed with autism who participates in art therapy as an intervention for autism. Parents must have participated in the art therapy with their child in order to participate in my study. The child can also be over the age of 12, but must have began art therapy between the ages of 4 and 12. I am open to mothers, fathers, adoptive parents, or all of the above.

Participation includes a 45 minute to one hour individual interview with the child's parent, during which I will ask the participants questions about the impact art therapy has had on their relationship with and ability to communicate with their child.

Please message me with any questions and interest in the project and I will provide the recruitment letter. Potential participants will receive the Informed Consent after I verify their eligibility for this study,

Thank you in advance for your interest and help in recruitment.

Sincerely,
Alessandra Giampaolo

Appendix D

E-mail Recruitment to Art Therapists with Webpages about Art Therapy & Autism

Dear _____,

My name is Alessandra Giampaolo and I am a Masters student at the Smith College School for Social Work. I am currently looking for participants for my thesis project. I would like to find art therapists who have used art therapy as an intervention for children diagnosed with autism. I am specifically interested in the ability art therapy has to strengthen the parent-child relationship within this population.

I am writing to ask if you are willing to distribute my recruitment letter along to your client's parents asking them if they would be interested in participating in my study. Eligibility requirements for participation in the study include having a child (age 4-12) diagnosed with autism who participates in art therapy as an intervention for autism. Parents must have participated in the art therapy with their child in order to participate in my study. The child can also be over the age of 12, but must have began art therapy between the ages of 4 and 12. I am open to mothers, fathers, adoptive parents, or all of the above.

Participation includes a 45 minute to one hour individual interview with the child's parent, during which I will ask the participants questions about the impact art therapy has had on their relationship with and ability to communicate with their child.

Please let me know if you have any questions and thank you in advance for helping me with recruitment.

Sincerely,

Alessandra Giampaolo

Appendix E

Posting on Website of Support Groups for Parents of Children with Autism

Hello,

My name is Alessandra Giampaolo and I am a Masters student at the Smith College School for Social Work. I am currently looking for participants for my thesis project. I am looking for parents who have a child between the ages of 4 and 12 who is diagnosed with autism and who have directly participated in art therapy with your child. To be eligible for this study, your child must have worked with an art therapist who is using art therapy as an intervention for autism. Your child can also be over the age of 12, but must have began art therapy between the ages of 4 and 12. I am interested in learning about the parental perceptions of the effect art therapy can have on the relationship between a parent and his/her child with autism. If you are interested in this study, participation includes meeting with me for a confidential individual interview lasting 45 minutes to one hour. The interviews, which will consist of 6 questions, will take place in-person at a mutually agreed upon confidential location if you are within 2 hour driving distance of Los Angeles or on the phone if you live further away. If you are interested in participating please contact me via phone or email and I will send you a letter and Informed Consent for you to review.

Thank you so much,
Alessandra Giampaolo

Appendix F

Letter of Agreement from Art Therapists and/or Support Group leaders

I, _____, agree to allow Alessandra Giampaolo to send [post] recruitment materials to the parents of my clients [parents in my group]. I also agree to allow the parents to participate in her thesis project and understand that in no way will my clients' parents participation interfere with their child's therapy. I understand that their participation is confidential.

Signature

Date

Appendix G

Letter to Potential Participants

Dear potential participant,

Thank you so much for your interest in discussing the art therapy work in which you and your child have been participating in. I am extremely interested in assessing your perceptions of the impact art therapy has on the relationship you have with your child with autism. I have been referred to you by your art therapist _____. Your art therapist will have no knowledge of your decision to participate or not and your participation will have no influence on your child's therapy.

I am looking for parents who have a child between the ages of 4 and 12 who is diagnosed with autism. It is also a requirement that you participate in the art therapy interventions with your child. Your child can also be over the age of 12, but must have begun art therapy between the ages of 4 and 12. Participation will involve one interview 45 minutes to one hour in length. Interviews are confidential and will take place in-person at a mutually agreed upon confidential location if you are within 2 hour driving distance of Los Angeles. If you live further away, interviews will be conducted by phone.

I will first ask a few demographic questions before the interview begins. These questions will include: 1) What is your gender? 2) What is the gender of your child? 3) What is the age of your child? 4) What is your race/ethnicity? 5) What is the race/ethnicity of your child? 6) What is your child's diagnosis? I will also ask two preliminary questions that will include: 1) When did the child begin art therapy? 2) What modes of art therapy has the child been exposed to (individual, group, or family)?

The interview will consist of five questions: 1) How would you describe your relationship/the nature of your relationship with your child? 2) What limitations, if any, do you notice in your child's ability to connect with you? 3) What differences, if any, have you noticed in the quality of your relationship to your child since he/she has engaged in art therapy? 4) Since you have engaged in art therapy with your child, what differences, if any, have you noticed in your ability to communicate with your child? and 5) Since he/she has engaged in art therapy, what differences, if any, have you noticed in your child's ability to communicate with you?

With your answers to these questions, I hope to learn the impact art therapy has on your relationship with your child. I hope that this will be a time for you to reflect on your relationship with your child as well as the improvements you and your child have made individually and together.

Please contact me directly if you have interest in participating in the study.

Sincerely,

Alessandra Giampaolo

Appendix H

Screening Questions

“Hello! My name is Alessandra Giampaolo. Thank you for your interest in my study. First, I need to determine your eligibility to participate in the study. I will read a list of the inclusion criteria and when I finish reading the list, please tell me if you meet all of them or not. Do NOT answer each as I read:

1. Is your child diagnosed with autism?
2. Does the child use art therapy?
3. Is your child between the ages of 4 and 12 or did your child begin art therapy between the ages of 4 and 12?
4. Do you participate in the art therapy intervention with your child?

Do you meet all of the above? Y/N

If yes, do you agree to participate in the study?

If no, you are not eligible to participate and I thank you for your interest.

Once the initial screening is completed and you have reviewed the study etc, and gained their agreement to participate, you will ask:

- 1). What is your name?
- 2). What is your phone number?
- 3). What is your mailing address?
- 4). What is your email address?”

Appendix I

Preliminary Questions

These will be asked at the start of the interview.

Demographic Questions

- 1) What is your gender?
- 2) What is the gender of your child?
- 3) What is the age of your child?
- 4) What is your race/ethnicity?
- 5) What is the race/ethnicity of your child?
- 6) What is your child's diagnosis?

Other Preliminary Questions

- 1) When did the child begin art therapy?
- 2) What modes of art therapy has the child been exposed to (individual, group, or family)?

Appendix J

Interview Questions

- 1) How would you describe your relationship with your child?
- 2) What limitations, if any, do you notice in your child's ability to connect with you?
- 3) What differences, if any, have you noticed in the quality of your relationship to your child since he/she has engaged in art therapy?
- 4) Since you have engaged in art therapy with your child, what differences, if any, have you noticed in your ability to communicate with your child?
- 5) Since he/she has engaged in art therapy, what differences, if any, have you noticed in your child's ability to communicate with you?

Appendix K

Mental Health Resource List

For Los Angeles County residents:

LAFEAT (Los Angeles Families for Effective Autism Treatment)

<http://www.lafeat.org/web/> - Monthly meeting held second Monday of every month

Founded by parents of children with autism. Monthly meetings are free and open to the public and geared toward parents and families.

Venice Family Clinic

(310) 664-7500 – Free, Venice Family Clinic patient only

Mental health services at Venice Family Clinic include counseling (talk therapy), psychiatric services (medication), and psychosocial support and case management related to the stress of poverty, homelessness, unemployment, and domestic violence. We provide crisis intervention as well as individual, family, and group therapy. We offer groups that address stress management, depression and anxiety, couples, parenting, victims of domestic violence, children witnesses of in-home violence, and self-esteem.

Chicago School of Professional Psychology

(310) 208-3120 – Sliding Scale

As one of Southern California's largest community counseling centers, The Chicago School of Professional Psychology Counseling Center is able to provide an unmatched range of affordable, high-quality psychological services—day and evening, seven days a week. They help individuals and families struggling with: Anxiety, Anger Management, Attention Deficit/Hyperactivity, Autism, Bereavement/Grief, Career issues, Chronic Psychiatric Conditions, Child and Adolescent Issues, Depression, Eating Disorders, Family and Relationship Challenges, Sexual Orientation and Identity Issues, Post Traumatic Stress Disorder (PTSD), Sexual Abuse, Substance Abuse, Trauma, etc.

Online resources:

Autism Support Network

<http://autismsupportnetwork.com>

The Autism Support Network connects families and individuals touched by ASD with each other, provides support and insight, and acts as a resource guide for education, treatments, strategies and therapies for autism.

Autism Speaks

<http://autismspeaks.org>

Provides resources and information about Autism Speaks Communities, Local Autism Organizations, Online Support Groups, Mental Health Services, and Support groups in your area.

Appendix L
Informed Consent Form

Dear Participant,

I am student at Smith College School for Social Work and I am conducting a study exploring the ability of art therapy to strengthen the relationship between you and your child with autism.

The purposes of this study are to: 1) explore the parental perceptions of the effect art therapy has had on the relationship between a parent and his/her child with autism and 2) explore the parental perceptions of the effect art therapy has had on the ability to communication between a parent and his/her child with autism.

This research will be used for a thesis project at the Smith College School for Social Work. Results from the study may shed light on the effectiveness of art therapy as an intervention for children with autism.

Your participation will involve one 45 minute to one hour interview. This interview will either take place in-person or on the phone at a convenient time for you and will audiotaped via the computer. If you are in the surrounding Los Angeles area, we will find a mutually agreed upon place that is free of distraction and that will ensure privacy and confidentiality during the interview, such as a private room in a library. If you are in another state or farther than two hours driving distance, we will arrange for a phone call at a convenient time for the you. The interview will consist of two preliminary questions and five questions (both are attached). Demographic data will also collected in addition to the preliminary questions. This data will include your gender, gender of your child, age of your child, your race/ethnicity, race/ethnicity of your child, and your child's diagnosis.

Minimal risk from participation is anticipated although this study will not be risk-free. You will be discussing your personal, emotional, and relational experiences with your child with autism and thus the interview could possibly stir some emotional responses. I will provide you with a brief list of resources of free or low-fee psychotherapy clinics in your respective communities after the interview.

The benefit of participation includes advancing the knowledge in the both the art therapy and autism fields. This knowledge has the potential to be used to help other parents who have children diagnosed with autism, when considering treatment and intervention plans. You will also be able to reflect on the impact the art therapy interventions have had on your family.

This study is completely confidential. Any and all identifying information will be removed or disguised from the final thesis. I will be the only person to handle and transcribe the interviews. My research advisor will also see the data, but only after all identifying information has been disguised or removed. Finally, all transcriptions and consent forms will be kept safely at my home. All materials will be kept for three years as stipulated by the Federal Guidelines. Data will be destroyed after this period when it is no longer needed.

Participation in this study is voluntary. Your participation and/or withdrawal and responses will not be known by your child's therapist and will have no influence over your child's therapy. You may withdraw at any time up to April 15, 2013 if you do not wish to be included in the study. If you wish to do so, you may contact me by telephone or email. If you do withdraw, I will immediately destroy all materials related to you and your participation. You may also refuse to answer any question during the interview. There is no penalty for withdrawal from the study. You may contact me at the email or phone listed on this form for questions or concerns about this study, before and after the interview.

Should you have any concerns about their rights or about any aspect of the study, you may call me at (XXX) XXXXXX of the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Sincerely,

Signature of Participant _____ Date: _____

Signature of Researcher: _____ Date: _____

Researcher's Contact:
Alessandra Giampaolo